

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90070 023 ***158.75

0633783

DOCUMENT # V37131

1. Entity Name

GEORGE & M INVESTMENT INC.

Principal Place of Business

**4848 NW 24 CT. #214
 LAUDERDALE LAKES FL 33313**

Mailing Address

**71 WELLSWORTH DR.
 ETOBICOKE, ONTARIO M9C4R-4**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0697704**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINK, LLOYD
 4848 NW 24 CT. #214
 LAUDERDALE LAKES FL 33313**

Name **GEORGE BELL**

Street Address (P.O. Box Number is Not Acceptable)

633 NE 167th. Street # 1101

City **NORTH MIAMI**

FL

Zip Code **33162**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

George Bell **GEORGE BELL**

4/8/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MARSH, HURBERT G**
 STREET ADDRESS **71 WELLSWORTH DR.**
 CITY-ST-ZIP **ETOBICOKE, ONTARIO M9C4R-4**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MARSH, MADGE**
 STREET ADDRESS **71 WELLSWORTH DR.**
 CITY-ST-ZIP **ETOBICOKE, ONTARIO M9C4R-4**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MARSH, PAMELA**
 STREET ADDRESS **311-70 REXDALE BLVD.**
 CITY-ST-ZIP **TORONTO, ONTARIO W9WIN-6**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like reported.

SIGNATURE:

Hubert Marsh **HUBERT MARSH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4/01 (305) 653-0599

Date Daytime Phone #

CR2E034 (10/00)