## 2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # **V70831** MAPLE LEAF HOLDINGS INC. FILED JUN 16 PM 2: 12 nincipal Flace of Business Mailing Address E. SHERIDAN ST. 45 E. SHERIDAN ST. SECRETARY OF STATE TALLAHASSEE FLORIDA FL 33004 DANIA FL 33004-4352 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State Applied For Not Applicable Ζip Country Country Zip 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 COUTURE, PIERRE Street Address (P.O. Box Number is Not Acceptable) 45 E. SHERIDAN ST. DANIA FL 33004 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE Change ☐ Addition COUTURE, PIERRE NAME 5621 MARDING STREET ADDRESS HOLLYWOOD FL 33021 ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME entire ty STREET ADDRESS CT 710 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS ST 710 CITY-ST-ZIP Change ☐ Delete ☐ Addition NAME 17 ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZP Delete TITLE Change ☐ Addition NAME 7000628 STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Dafate TITLE Change ☐ Addition NAME 1000000 STREET ADDRESS ST-ZP CITY-ST-ZIP 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 for frustee 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 attaching MATURE: IE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR