

PSV - Block 7 - PSV

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

Between: AMACON DEVELOPMENT (CITY CENTRE) CORP. (the "Vendor") and

SANTO FILIPPELLI (the "Purchaser")

Suite TH-1 Tower ONE Unit 1 Level 1 (the "Unit")

It is hereby understood and agreed between the Vendor and the Purchaser that the following change(s) shall be made to the above-mentioned Agreement of Purchase and Sale, and except for such change(s) noted below, all other terms and conditions of the Agreement shall remain as stated therein, and time shall continue to be of the essence.

DELETE: FROM THE AGREEMENT OF PURCHASE AND SALE

N/A

INSERT: TO THE AGREEMENT OF PURCHASE AND SALE

The undersigned, Joseph John Filippelli (collectively, the "Purchaser")

DATE OF BIRTH: 1983/01/07
DRIVER'S LICENCE: F4335-41058-30107
SIN No: N/A
CURRENT ADDRESS:
2157 KAWARTHA CRES
MISSISSAUGA, ON, L5H 3P8

TELEPHONE: 416-985-5639
EMAIL: joe.filippelli@gmail.com
OCCUPATION: Senior Manager
EMPLOYER: BDO Canada LLP

(Relationship to original purchaser: Son)

Signature: 

The undersigned, Franca L Filippelli-Difazio (collectively, the "Purchaser")

DATE OF BIRTH: 1975/10/25
DRIVER'S LICENCE: F4335-26767-56025
SIN No: N/A
CURRENT ADDRESS:
4633 DREVER ROAD
BURLINGTON, ON, L7M 0E8

TELEPHONE: 289-337-4379 (C) 416-820-8826 JP - D
EMAIL: difazio@cogeco.ca
OCCUPATION: Teacher
EMPLOYER: Dufferin Peel Catholic School Board

(Relationship to original purchaser: Daughter)

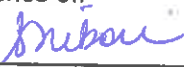
Signature: 

Dated at Mississauga, Ontario this 14 day of February 2017.

SIGNED, SEALED AND DELIVERED

In the Presence of:

Witness




Purchaser - SANTO FILIPPELLI

Accepted at Mississauga this 14 day of February 2017.

AMACON DEVELOPMENT (CITY CENTRE) CORP.

Per:  c/s

Authorized Signing Officer
I have the authority to bind the Corporation.

PSV - TH1



1983/01/07

Driver's Licence
Permis de conduire

ON
CANADA

12 NAME / NOM
FILIPPELLI
JOSEPH JOHN
2157 KAWARTHA CRES
MISSISSAUGA, ON, L5H 3P8

14 NUMBER / NUMERO
F4335 - 41058 - 30107

16 ISS/DEL
2016/01/08

18 DOB/DT
DJ3445448

19 SEX/SEXE
M

20 CLASS / CATEG
G

21 BEST / COND
1983/01/07

22 EXP/EXP
2021/01/07

23 HGT/HAUT
172 cm



1975/10/25

Driver's Licence
Permis de conduire

ON
CANADA

12 NAME / NOM
FILIPPELLI-DIFAZIO,
FRANCAL
4633 DREVER RD
BURLINGTON, ON, L7M 0E8

14 NUMBER / NUMERO
F4335 - 26767 - 56025

16 ISS/DEL
2014/11/04

18 DOB/DT
DA4322350

19 SEX/SEXE
F

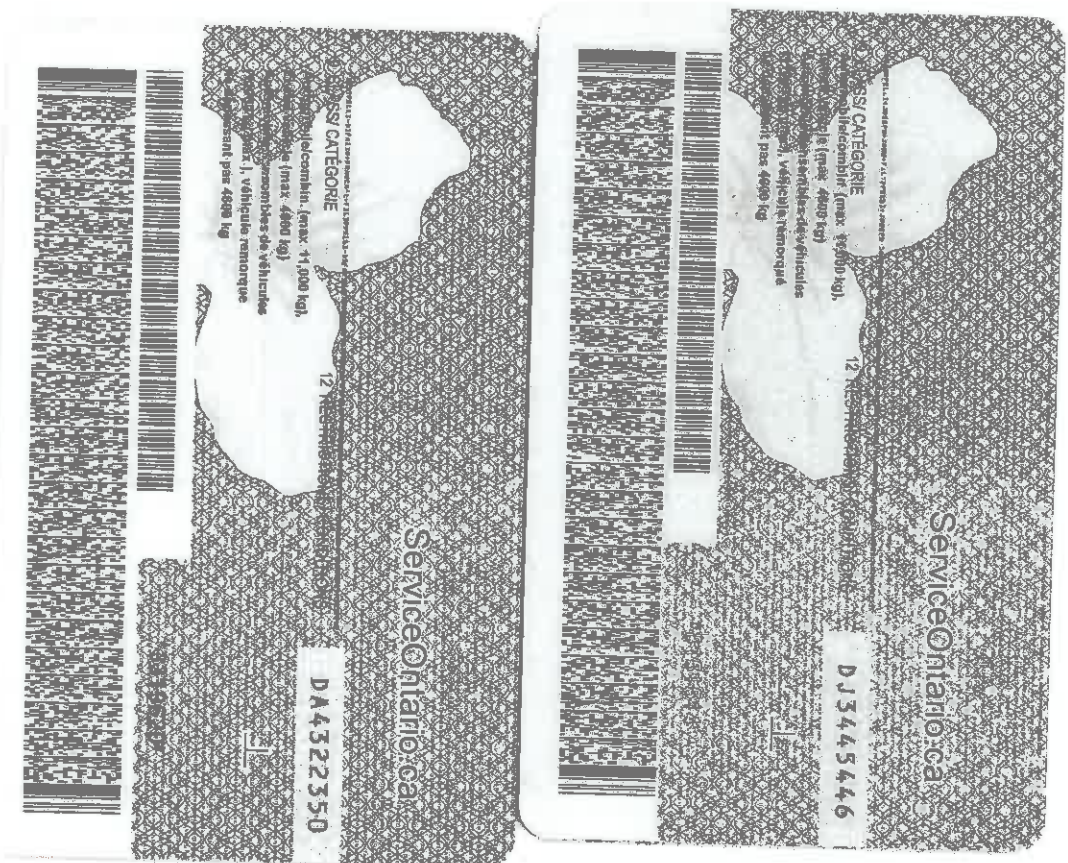
20 CLASS / CATEG
G

21 BEST / COND
1975/10/25

22 EXP/EXP
2019/10/25

23 HGT/HAUT
179 cm

100-100



INDIVIDUAL IDENTIFICATION INFORMATION RECORD
Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.*

Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: TH-1 Phase/Tower: PSV Plan No.:

Street: _____

Date of Offer: _____

Sales Representative: In2ition

Verification of Individual

1. Full Legal Name of Individual: Franca L Filippelli - Difazio
2. Address: 4633 Draver Rd.
Burlington, ON, L7M 0E8
3. Date of Birth: 1975/10/25
4. Principal Business or Occupation: Teacher - Dufferin Peel Catholic School Board
5. Identification Document (must see original): Driver's Licence
6. Document Identification Number: F4335-26767-56025
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): 2019/10/25

NOTE: This section must be completed for each purchaser. If the individual refuses to provide information must make a record of same detailing what efforts were made to get such information.

Acceptable Identification Documents: birth certificate, driver's licence, passport, record of landing, permanent resident card, old age security card, certificate of Indian Status or SIN card (although SIN numbers are NOT to be provided to FINTRAC). If the identification is from a foreign jurisdiction should be equivalent to one of the above noted documents. Provincial health card NOT an acceptable form of identification.

Verification of Third Parties (if applicable)

Note: Must be completed with a client or unrepresented individual if acting on behalf of a third party. If you suspect the client is acting on behalf of a third party but cannot verify same you must keep record of that fact.

1. Name of third Party: _____
2. Address: _____
3. Date of Birth: _____
4. Principal Business or Occupation: _____
5. Incorporation number and place of issue (corporations/other entities only) _____
6. Relationship between third party and client: _____

10/10/10

10/10/10 - 10/10/10 - 10/10/10

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10/10/10 - 10/10/10 - 10/10/10

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Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: TH-1 Phase/Tower: PSV Plan No.:

Street: _____

Date of Offer: _____

Sales Representative: In 2ition

Verification of Individual

1. Full Legal Name of Individual: Joseph John Filippelli
2. Address: 2157 Kawartha Cr.
Mississauga, ON, L5H 3P8
3. Date of Birth: 1983/01/07
4. Principal Business or Occupation: Senior Manager - BDO Canada LLP
5. Identification Document (must see original): Drivers Licence
6. Document Identification Number: F4335-41058-30107
7. Issuing Jurisdiction: ontario
8. Document Expiry Date (must not be expired): 2021/01/07

NOTE: This section must be completed for each purchaser. If the individual refuses to provide information must make a record of same detailing what efforts were made to get such information.

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