

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

TORONTO

(County/District/Regional Municipality/Town/City in which premises are situated)

323 RICHMOND STREET EAST

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

RENOVATION OF EXISTING TIM HORTONS STORE NO. 2000

(short description of the improvement)

to the above premises was substantially performed on 21 DECEMBER 2022

(date substantially performed)

Date certificate signed: _____

R. Lawson / EN2 Devt. Corp.

(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: ROGER LAWSON

Address for service: 323 RICHMOND STREET EAST, TORONTO, ON

Name of contractor: EN2 DEVELOPMENT CORP.

Address for service: 8787 WESTON ROAD, UNIT 16-A, VAUGHAN L4L 0C3

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

TIM HORTONS #2000, 323 RICHMOND STREET EAST, TORONTO ON M5A 4R3

(if a lien attaches to the premises, a legal description of the premises,
including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)

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Construction Act

TORONTO

(County/District/Regional Municipality/Town/City in which premises are situated)

130 KING STREET WEST

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

RENOVATION OF EXISTING TIM HORTONS STORE NO. 1691

(short description of the improvement)

to the above premises was substantially performed on 21 DECEMBER 2022

(date substantially performed)

Date certificate signed: _____

F. Basharat / EN2 Devt. Corp.

(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: BASHARAT FOOD SERVICES LTD.

Address for service: 769 YONGE ST., TORONTO ON M4W 2G4

Name of contractor: EN2 DEVELOPMENT CORP.

Address for service: 8787 WESTON ROAD, UNIT 16-A, VAUGHAN L4L 0C3

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

TIM HORTONS #1691, 130 KING ST W, CUFC 02, EXCHANGE TOWER, TORONTO ON M5X 2A2

(if a lien attaches to the premises, a legal description of the premises,
including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)