

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90120 021 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

1. Entry Name

SHAMIRA - POMPAHO HOLDING, INC.

Principal Place of Business

Mailing Address

234 Eglinton Ave., East
 Suite 606
 Toronto, Ont., Canada 20436-6255

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

☒ Applied For☐ Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Shamira Klein
 100 S.E. Second Street, #3500
 Miami, FL 33131-2130

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and type of signature.

(If Old Registered Agent signature is required when re-registering)

Date

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

☐

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

S / VP

☐ Delete

NAME

Haim Klein

STREET ADDRESS

234 Eglinton Ave, E., #606

CITY-ST-ZIP

Toronto, Ont., Canada

TITLE

DP

☐ Delete

NAME

Viktor Klein

STREET ADDRESS

234 Eglinton Ave., E., #606

CITY-ST-ZIP

Toronto, Ont., Canada

TITLE

VP

☐ Delete

NAME

Shamira Klein

STREET ADDRESS

100 S.E. Second St. #3500

CITY-ST-ZIP

Miami, FL 33131-2130

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

Date

Signature Page 4