

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90116 047 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000021919
 1. Entity Name AMITEK INTERNATIONAL LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>MIAMI, FLORIDA</u>		3. Mailing Address <u>5783 SOUTHWEST, 40th Street</u>	
Suite, Apt. #, etc. <u>5783, SOUTHWEST, 40th St</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FLORIDA</u>		City & State <u>MIAMI, FLORIDA</u>	
Zip <u>33155</u>	Country <u>USA</u>	Zip <u>33155</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1159874</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent
 Name Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
 City Miami FL Zip Code 33145

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 Rohit Thakore Sept 18/2002
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$20.00
 Make Check Payable to: Department of State
DATE BY MAY 1

MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM ROHIT THAKORE 5783 SW, 40th Street, MIAMI, FL 33155</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM PARDEEP BHATIA 677 PETER RICHARDSON BLVD BIRMINGHAM, ONT, L6L1L8</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rohit Thakore Sept 18/2002 416-315-3975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date. Telephone #