

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 572434****FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90304 001 \*\*\*600.00

1. Entity Name **Amit, Inc.**Principal Place of Business  
**234 Eglinton Avenue East,  
Suite 606  
Toronto, Ontario, Canada  
M4P 1K5**Mailing Address  
**234 Eglinton Avenue East,  
Suite 606  
Toronto, Ontario, Canada  
M4P 1K5**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 418**

Suite, Apt. #, etc.

**Suite 418**

City &amp; State

City &amp; State

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1822647**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****Shamira Klein**

Name

**c/o Berman Wolfe Rennert Vogel & Mandler, P.A.**

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

**100 S.E. 2<sup>nd</sup> Street, Suite 3500**

City

**FL**

Zip

**Miami, Florida 33131**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE


9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**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  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP**PSD**☐ Delete**Haim Klein****234 Eglinton Ave. East, Suite 606  
Toronto, Ontario, Canada M4P 1K5**TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☒ Change ☐ Addition**Suite 418**TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP**V**☐ Delete**Shamira Klein****5835 N. Bay Road  
Miami Beach, Florida 33140**TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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)(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 or trustee 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 attachment with an address, with all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **Shamira Klein, Vice President**

Date

**305-577-4176**

Daytime Phone #