

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90304 001 ***600.00

DOCUMENT # 572433

1. Entity Name **Shamira Holding Corp., Inc.**

Principal Place of Business **20803 Biscayne Blvd. Suite 200 Aventura, FL 33180**

Mailing Address **234 Eglinton Avenue East, Suite 606 Toronto, Ontario, Canada 20436 6255**

2. Principal Place of Business **234 Eglinton Avenue East**

3. Mailing Address **234 Eglinton Avenue East**

Suite, Apt. #, etc. **Suite 418**

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DO NOT WRITE IN THIS SPACE

City & State **Toronto, Ontario**

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4. FEI Number **59-1822641**

Applied For Not Applicable

Zip **M4P 1K5** Country **Canada**

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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

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

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

100 S.E. 2nd 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	P Viktor Klein 234 Eglinton Ave. East, Suite 606 Toronto, Ontario, Canada M4P 1K5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Haim Klein 234 Eglinton Ave. East, Suite 606 Toronto, Ontario, Canada M4P 1K5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Shamira Klein 5835 N. Bay Road Miami Beach, Florida 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Shamira Klein* **Shamira Klein, Vice President** **305-577-4176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #