2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F54269

Entity Name: AMIT - POMPANO, INC.

Mar 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

234 EGLINTON AVE., EAST 234 EGLINTON AVE., EAST

SUITE 418 SUITE 418

TORONTO, ONT., CANADA, 204366255 TORONTO,, ON M4P 1K5 CA

Current Mailing Address: New Mailing Address:

234 EGLINTON AVE., EAST 234 EGLINTON AVE., EAST

SUITE 418 SUITE 418

TORONTO, ONT., CANADA, ON M4P 1K5 CA TORONTO, ONT., CANADA, 204366255

FEI Number: 98-0056569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLEIN, SHAMIRA C/O BEDZOIN, KORN & KORN P.A. 100 SOUTHEAST 2ND STREET, SUITE 3500

C/O BERMAN RENNERT VOGEL & MANDLER, P.A. 100 SOUTHEAST 2ND STREET, SUITE 3500 MIAMI, FL 33131 MIAMI, FL 33131

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.

KLEIN, SHAMIRA

SIGNATURE: SHAMIRA KLEIN 03/29/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: (X) Change () Addition

Name: KLEIN, HAIM Name: KLEIN, HAIM

234 EGLINTON AVE., EAST, SUITE 418 234 EGLINTON AVE., EAST, SUITE 418 Address: Address:

City-St-Zip: TORONTO, ONTARIO, CN M4P 1K5 City-St-Zip: TORONTO, ON M4P 1K5 CN

() Delete Title: VΡ Title: () Change () Addition Name:

KLEIN. SHAMIRA Name: 5835 N. BAY ROAD Address: Address: MIAMI BEACH, FL 33140 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAMIRA KLEIN 03/29/2002 ٧