

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 333742**

1. Entity Name

**BIRER INVESTMENTS CORP****FILED****Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90053 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1489 W. PALMETTO PARK RD.  
SUITE 485  
BOCA RATON FL 33486  
US1489 W. PALMETTO PARK RD.  
SUITE 485  
BOCA RATON FL 33486-3327  
US

2. Principal Place of Business

3. Mailing Address

6700 Broken Sound Pkwy NW

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City &amp; State

City &amp; State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33487

USA

33487

USA

4. FEI Number

59-1273044

Applied For

Not Applicable

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

SAMUEL J. CANTOR

1489 W. PALMETTO PARK ROAD, SUITE 485  
BOCA RATON FL 33486

Name

Samuel J. Cantor

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

6700 Broken Sound Pkwy NW, Suite 200

City

Boca Raton

FL

Zip Code

33487

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.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BISTRICER, HERMAN  
4875 DUFFERIN ROAD  
MONTREAL, QUEBEC, CANADA H3X -2Z2TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4/4/2000