

2001 UNIFORM BUSINESS REPORT (UBR)**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
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2. Principal Place of Business 234 Eglinton Avenue East	3. Mailing Address 234 Eglinton Avenue East
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Suite, Apt. #, etc. Suite 418	Suite, Apt. #, etc. Suite 418
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City & State Toronto, Ontario	City & State Toronto, Ontario
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Zip M4P 1K5	Country Canada	Zip M4P 1K5	Country Canada
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4. FEI Number
59-1822641Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Shamira Klein
c/o Berman Wolfe Rennert Vogel & Mandler, P.A.
100 S.E. 2nd Street, Suite 3500
Miami, Florida 33131

7. Name and address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete Viktor Klein 234 Eglinton Ave. East, Suite 606 Toronto, Ontario, Canada M4P 1K5
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete Haim Klein 234 Eglinton Ave. East, Suite 606 Toronto, Ontario, Canada M4P 1K5
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 418
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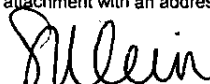
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Shamira Klein 5835 N. Bay Road Miami Beach, Florida 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, Vice President

305-577-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #