2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 572433

Entity Name: SHAMIRA HOLDING CORP., INC.

FILED Mar 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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KLEIN, SHAMIRA KLEIN, SHAMIRA

234 EGLINTON AVE., EAST, SUITE 418 234 EĞLINTON AVE., EAST, SUITE 418 TORONTO, ON m4p 1k5 US TORONTO, ON MAP 1K5 US

Current Mailing Address: New Mailing Address:

KLEIN, SHAMIRA KLEIN, SHAMIRA

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

TORONTO, ON m4p 1k5 US TORONTO, ON MAP 1K5 US

FEI Number: 59-1822641 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 BERMAN, WOLFE & RENNERT, P.A. 100 SE 2ND ST. STE 3500

C/O BERMAN, RENNERT, VOGEL & MANDLER, P.A. 100 SE 2ND ST. STE 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: () Delete () Change () Addition

KLEIN, VIKTOR, Name: Name: 234 EGLINTON AVE, EAST, SUITE 418 Address: Address:

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

Title: DVP Title: () Delete () Change () Addition

Name: KLEIN, HAIM, Name: 234 EGLINTON AVE, EAST, SUITE 418 Address: Address: TORONTO, ON M4P 1K5 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

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