2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90304 001 ***600.00

DOCUMENT # 572434

1. Entity Name: Amit, Inc.

Principal Place of Business	Mailing Address
234 Eglinton Avenue East, ~~Suite 606~~ Toronto, Ontario, Canada M4P 1K5	234 Eglinton Avenue East, ~~Suite 606~~ Toronto, Ontario, Canada M4P 1K5

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 418	Suite, Apt. #, etc.: Suite 418
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1822647 ☐ 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
Shamira Klein c/o Berman Wolfe Rennert Vogel & Mandler, P.A. 100 S.E. 2nd Street, Suite 3500 Miami, Florida 33131	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 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	**PSD** ☐ Delete Haim Klein 234 Eglinton Ave. East, ~~Suite 606~~ Toronto, Ontario, Canada M4P 1K5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Suite 418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**V** ☐ Delete Shamira Klein 5835 N. Bay Road Miami Beach, Florida 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, Vice President 305-577-4176

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