

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 008 ***150.00

DOCUMENT # 572434

1. Entity Name

AMIT, INC.

Principal Place of Business

**234 Eglinton Ave. East, Suite 606
Toronto ON M4P 1-K5, CA**

Mailing Address

**234 Eglinton Ave. East, Suite 6
Toronto ON M4P 1-K5, CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1822647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Klein, Shamira
c/o Berman Rennert Vogel & Mandler, P.A.
100 Southeast Second Street, Suite 3500
Miami, Florida 33131**

7. Name and address of New Registered Agent

Name

Klein, Shamira

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

c/o Berman Rennert Vogel & Mandler, P.A.

100 Southeast Second Street, Suite 2900

City

Miami

FL

Zip

33131

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

Shamira Klein 4/21/03

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, 2003 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

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
**PSD
Klein, Haim
234 Eglinton Ave. East, Suite 418
Toronto ON M4P 1-K5** ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
**VP
Klein, Shamira
5835 North Bay Road
Miami Beach, Florida 33140** ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shamira Klein, VP 4/21/03

Date

(305) 577-4176

Daytime Phone #