

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90304 001 ***600.00

DOCUMENT # F54269			
1. Entity Name Amit- Pompano, Inc.			
Principal Place of Business 234 Eglinton Avenue East, Suite 606 Toronto, Ontario, Canada 20436-6255		Mailing Address 234 Eglinton Avenue East, Suite 606 Toronto, Ontario, Canada 20436-6255	
2. Principal Place of Business 234 Eglinton Avenue East		3. Mailing Address 234 Eglinton Avenue East	
Suite, Apt. #, etc. Suite 418		Suite, Apt. #, etc. Suite 418	
City & State Toronto, Ontario		City & State Toronto, Ontario	
Zip M4P 1K5	Country Canada	Zip M4P 1K5	Country Canada

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and address of New Registered Agent	
Shamira Klein		Name	
c/o Berman Wolfe Rennert Vogel & Mandler, P.A.		Street Address (P.O. Box Number is Not Acceptable)	
100 S.E. 2 nd Street, Suite 3500			
Miami, Florida 33131		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 **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Haim Klein 234 Eglinton Ave. East, Suite 606 Toronto, Ontario, Canada M4P 1K5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shamira Klein 100 SE 2nd Street, Suite 3500 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5835 N. Bay Road Miami Beach, Florida 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, Vice President

Date

305-577-4176

Daytime Phone #