

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004648.**

1. Entity Name

BLACK AMBER DEVELOPMENTS, INC.

Principal Place of Business

**250 LESMILL ROAD
DON MILLS, ONTARIO
CANADA M3B 2T5**

Mailing Address

**250 LESMILL ROAD
DON MILLS, ONTARIO
CANADA M3B 2T5**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BOTOS, MICHAEL E
1900 PHILLIPS POINT WEST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

BOTOS, MICHAEL E.

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

Edwards & ANGELL LLP**250 Royal Palm Way, Suite 300**

City

Palm Beach**FL**Zip Code
33480

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
**PSTD
ALLAN, RUSSELL
250 LESMILL ROAD
DON MILLS, ONT., CANADA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME ☐ Change ☐ Addition

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 RELEASED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 7, 2000

Date

(416) 449-1340

Daytime Phone #

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90045 002 ***550.00

00106200



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR**98-0230514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (5/00)