

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004648

1. Entity Name

BLACK AMBER DEVELOPMENTS, INC.

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90022 029 \*\*\*150.00

349044



DO NOT WRITE IN THIS SPACE

Principal Place of Business 250 LESMILL ROAD DON MILLS, ONTARIO CANADA M3B 2T5	Mailing Address 250 LESMILL ROAD DON MILLS, ONTARIO CANADA M3B 2T5
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2. Principal Place of Business c/o Edwards & Angell LLP	3. Mailing Address c/o Edwards & Angell LLP
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Suite, Apt. #, etc. One North Clematis, #400	Suite, Apt. #, etc. One North Clematis, #400
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
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Zip 33401	Country U.S.A.	Zip 33401	Country U.S.A.
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4. FEI Number 98-0230514	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTOS, MICHAEL E  
EDWARDS & ANGELL LLP  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480

Name  
Angell Corporate Services, Inc.

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

One North Clematis, Suite 400

City  
West Palm Beach

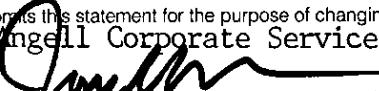
FL Zip Code  
33401

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.

Angell Corporate Services, Inc.

By:

3/6/01

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

Jonathan E. Cole, President

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.

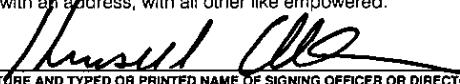
\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALLAN, RUSSELL 250 LESMILL ROAD DON MILLS, ONT., CANADA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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

February 9, 2001 (416) 449-1340

Date

Daytime Phone #

CR2E034 (10/00)