

# 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

Principal Place of Business

250 LESMILL ROAD  
DON MILLS, ONTARIO  
CANADA M3B 2T5

Mailing Address

250 LESMILL ROAD  
DON MILLS, ONTARIO  
CANADA M3B 2T5

849044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Edwards & Angell LLP

Suite, Apt. #, etc.

One North Clematis, #400

City & State  
West Palm Beach, FL

Zip  
33401

Country  
U.S.A.

3. Mailing Address

c/o Edwards & Angell LLP

Suite, Apt. #, etc.

One North Clematis, #400

City & State  
West Palm Beach, FL

Zip  
33401

Country  
U.S.A.

4. FEI Number 98-0230514

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

By: Angell Corporate Services, Inc.

SIGNATURE

Signature, typed or printed name of registered agent and officer, if applicable

Jonathan E. Cole, President

(NOTE: Registered Agent signature required when reinstating)

3/6/01

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

TITLE ☐ Delete  
NAME PSTD  
STREET ADDRESS ALLAN, RUSSELL  
CITY-ST-ZIP 250 LESMILL ROAD  
DON MILLS, ONT., CANADA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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)