

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90041 036 \*\*\*150.00

**DOCUMENT # M83069**

1. Entity Name  
**NORTH AMERICAN ACQUISITION CORP.**

Principal Place of Business  
**2401 PGA BLVD**  
**SUITE 280**  
**PALM BEACH GARDENS FL 33410**  
**US**

Mailing Address  
**2401 PGA BLVD**  
**SUITE 280**  
**PALM BEACH GARDENS FL 33410**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1696 NE Miami Gardens Drive**  
 Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**1696 NE Miami Gardens Drive**  
 Suite, Apt. #, etc.  
**Suite 200**

City & State  
**North Miami Beach, Florida**  
 Zip  
**33179**  
 Country  
**USA**

City & State  
**North Miami Beach, Florida**  
 Zip  
**33179**  
 Country  
**USA**

4. FEI Number **98-0009893** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**WEINER, DAVID**  
**2401 PGA BLVD**  
**STE 280**  
**PALM BCH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 Name **David J. Wiener, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2401 PGA Boulevard, Suite 280**  
 City **Palm Beach Gardens** **FL** Zip Code **33410**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PRESTON, JOHN W.S.</b> <b>2401 PGA BLVD-STE 280</b> <b>PALM BEACH GARDENS FL 33410</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>GREEN, ROBERT S</b> <b>2851 JOHN STREET STE ONE</b> <b>CANADA 33410</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>BERNICK, LARRY</b> <b>2401 PGA BLVD-STE 280</b> <b>PALM BEACH GARDENS FL 33410</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COHEN, PETER</b> <b>30 ST. CLAIRE AVE. W.- STE 1400</b> <b>TORONTO, ONTARIO CA M4V- 3A1</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Katzman, Chaim</b> <b>1696 NE Miami Gardens Drive, Suite 200</b> <b>North Miami Beach, Florida 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Valero, Doron</b> <b>1696 NE Miami Gardens Drive, Suite 200</b> <b>North Miami Beach, Florida 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Segal, Dori</b> <b>161 Bay Street, Suite 2820</b> <b>Toronto ON M5J 2S1 Canada</b>
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"/> Change <input type="checkbox"/> Addition
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.

**North American Acquisition Corp.**  
**SIGNATURE:** By: *[Signature]* **305-947-1664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)