

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90147 050 \*\*\*150.00

UCR081 / AV

**DOCUMENT # M83069**

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

<b>Principal Place of Business</b> 1696 NE MIAMI GARDENS DRIVE SUITE 200 NORTH MIAMI BEACH FL 33179 US	<b>Mailing Address</b> 1696 NE MIAMI GARDENS DRIVE SUITE 200 NORTH MIAMI BEACH FL 33179 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>4. FEI Number</b> 98-0009893	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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: MARCUS ALAN J  
 Street Address (P.O. Box Number is Not Acceptable): 20803 BISCAYNE BLVD  
SUITE # 301  
 City: NORTH MIAMI BEACH FL Zip Code: 33180

**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: 4/22/02

**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, 2002 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	<input type="checkbox"/> Delete
DPAS KATZMAN, CHAIM 1696 NE MIAMI GARDENS DRIVE, STE 200 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
DVS VALERO, DORON 1696 NE MIAMI GARDENS DRIVE, STE 200 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
<del>DVT SEGAL, DORI 161 BAY STREET, STE 2820 TORONTO CANADA M5J- 2S1</del>	<input checked="" type="checkbox"/> Delete
<del>D COHEN, PETER 30 ST. CLAIR AVE. W. STE 1400 TORONTO, ONTARIO CA M4V- 3A1</del>	<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	<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
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.**

**SIGNATURE:**  **SIGNATURE REQUIRED** 4/22/02 305947-1640  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)