2001 UNIFORM BUSINESS REPORT (UBR)								F	ILEI)			
DOCUMENT # P98000071223 1. Entity Name CANAM CASKET, INC.							A	Secret	2001	08:0		ē.	
Principal Place of Business 5439 N. FEDERAL HWY			Mailing Address 5439 N. FEDERAL HWY										
FORT LAUDE 33308	RDALE	FL	FORT LAUDERDALE 33308		FL								
•	Tace of Business AL HWY SUITE 206-19		3. Mailing Address 3860 NW 25TH WAY									-	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat		FL	City & State BOCA RATON		FL			El Number - 0861917			— 	pplied For	
Zip 33431	Co	untry	Zip 33434	Cour	ntry		5. C	ertificate of Status	Desired		\$8.75 Add		
	6. Name and	Address of Current R	egistered Agent				7. N	ame and Address	of New Re	gistered			7
AMERILAWYER 343 ALMERIA AVENUE								x Number is Not A	cceptable)				-
CORAL GA 33134	ABLES US	FL S			City BOCA R	ATON				FL	Zip Cod	. <u> </u>	_
8. The above	named entity subr	nits_this statement for t	he purpose of changing its i	egister			d age	nt. or both, in the S	State of Flor		33434		-
SIGNATURE .	AMERIL		-		ed Agent signat.				-		5/2001	<u> </u>	
Tax filing r	oration is eligible to requirement and ele ria on back)	satisfy its Intangible ects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State					10. Election Car Trust Fund C		~	\$5.0 Added	0 May Be i to Fees	
11.	I	OFFICERS AND D	IRECTORS	12.			ADE	DITIONS/CHANGE	S TO OFFI	CERS AN	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STERLING 5429 NORTH FI FORT LAUDER		☐ Delete FL 33308			PSTD STERLI 3200 N I BOCA I	FEDE	KENNETH RAL HWY SUITE	206-19	FL	Change 33431	☐ Addition	034 (11/00)
TITLE			☐ Delete .	TITL		BOCAT	MIC						1111
NAME STREET ADDRESS CITY-ST-ZIP			Delete 3	NAM STRE	-						☐ Change	☐ Addition	CR26
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		_					_	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. = 3.45	☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							-	☐ Change	☐ Addition	
of the cor	poration or the rec	appiemental report is ti	nis filing does not qualify for rue and accurate and that m rered to execute this report a th all other like empowered.	v sinna	fure chall h:	ava tha ca	ma ia	anal attact se if ma	do undor o	ath, that I	am an afficer	or director	
SIGNATURE: Kenneth Sterling Pres 04/16/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												-	