

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93597 015 ***150.00

DOCUMENT # P990000051908

1. Entity Name **AMAZON BOUNTY INC.** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8207 NW 70 ST

Suite, Apt. #, etc.

3. Mailing Address **8207 NW 70 ST**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **TAMARAC FL**

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4. FEI Number **65-1086267**

Applied For
Not Applicable

Zip **33321** Country **USA**

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

7. Name and Address of Current Registered Agent

Name **ASLA BETTS**

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

8207 NW 70 ST

City **TAMARAC**

FL

Zip Code **33321**

**DO NOT WRITE
IN THIS SPACE**

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 **Asla Betts**

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

(NOTE: Registered Agent signature required when reinstating)

May 5, 2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **DIRECTOR**
NAME **GEORGE KARSKI**
STREET ADDRESS **48 TANERA CRES**
CITY-ST-ZIP **ST CATHARINES, ON, L2M 4K3**

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5 / 2002 **954-8992050**

Date

Daytime Phone #