

# **AR01** (ef)

#### **Annual Return**



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Company Name: **AMITY PHARMA LIMITED** 

Company Number: 06407717

Date of this return: 24/10/2009

SIC codes: 8514

Private company limited by shares Company Type:

Situation of Registered

C/O ROSS KIT & CO Office: VICTORIA HOUSE

18 DALSTON GARDENS STANMORE

**MIDDLESEX HA7 1BU** 

#### Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

> C/O C/O ROSS KIT & CO VICTORIA HOUSE 18 DALSTON GARDENS **STANMORE** MIDDLESEX UNITED KINGDOM **HA7 1BU**

The following records have moved to the single alternative inspection location:

Register of members (section 114)

Register of directors (section 162)

Register of secretaries (section 275)

## Officers of the company

Company Secretary

Person Type:

Full forename(s): **ADETOKUNBO** 

Surname: **JOSEPH** 

Former names:

Service Address: 13 SYCAMORE COURT, 7/9 SILVERDALE

> LONDON **SE26 4SD**

## Company Director 1

Type: Person

Full forename(s): MS ADEBIMPE SUBUOLA

Surname: JOSEPH

Former names:

Service Address: 14 ASHFORD COURT, CRANMER ROAD

EDGWARE HA8 8UD

Country/State Usually Resident: GREAT BRITAIN

Date of Birth: 12/03/1971 Nationality: BRITISH

Occupation: DIRECTOR

## Statement of Capital (Share Capital)

Class of shares	ORDINARY GBP	Number allotted Aggregate nominal value	100 100
Currency		Amount paid	0
		Amount unpaid	0
Prescribed particulars	VOTING AND DIVIDED	ND RIGHTS AND PAR	RTICIPATION IN ANY

particulars DISTRIBUTION

Statem	ent of Capital (	Totals)		
Currency	GBP	Total number of shares	100	
		Total aggregate nominal value	100	

## Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 24/10/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for a private or non-traded public company are shown below

Shareholding 1:

100 ORDINARY Shares held as at 24/10/2009

Name: ADEBIMPE JOSEPH

Address:

Presenter information
Contact Name: Address:
Authorisation
Authenticated
This form was authorised by one of the following:
Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor