

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90022 003 ***150.00

0346069 AV

DOCUMENT # F93000003324
 1. Entity Name
DESJARDINS FSB HOLDINGS, INC.

Principal Place of Business: **1001 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009**
 Mailing Address: **7800 W OAKLAND PARK BLVD BLDG 'G' SUNRISE FL 33351 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0416808**
 Applied For: Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PCD BOUCHER, RENALD 100 DES COMMANDEURS AVE. LEVIS, QUEBEC, CANADA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORIN, BRUNO 1 COMPLEXE DESJARDINS, 39TH FLOOR MONTREAL, QUEBEC, CANADA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIN, REGIS 2000 DES RECOLLETS BLVD, P. O. BOX 1000 TROIS-RIVIERES QU CANAD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBITAILLE, PIERRE 100 DES COMMANDEURS AVE LEVIS QU CANAD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGELIER, JEAN-GUY 1 COMPLEXE DESJARDINS MONREAL QUE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YVES, LAVOIE 681 ST-GERMAIN BLVD. W. RIMOUSKI, QUE. CA	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMOURS, ALBAN 1, COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CANADA H5B 1B3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARDIF, PIERRE 1, COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CANADA H5B 1B3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGNE, ANDRE 1, COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CANADA H5B 1B3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAVOIE, OLIVIER 1, COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CANADA H5B 1B3	<input type="checkbox"/> Change <input checked="" 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	V SHATSKOFF, ANDRE 1, COMPLEXE DESJARDINS #2822 MONTREAL, QUEBEC, CANADA H5B 1B3	<input type="checkbox"/> Change <input checked="" 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: _____ **NGUYEN TRUNG ASST TREASURER 09/03/02 (514) 281 7780**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)