FILED

03 MAY 29 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

58029459

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06/06/03--01010--041 **150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083886

1. Entity Name
BERG & LARSEN USA, INC., A FLORIDA CORPORATION

Principal Place of Business	Mailing Address
6175 N.W. 153RD STREET STE 312 MIAMI LAKES, FL 33014	6175 N.W. 153RD STREET STE 312 MIAMI LAKES, FL 33014

2. Principal Place of Business	3. Mailing Address
3074 LAKEWOOD Cr	3074 LAKEWOOD CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON FL
Zip: 33332 Country	Zip: 33332 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0727886 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHELDON EVANS, P.A.
6175 N.W. 153RD STREET
STE 312
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3074 LAKEWOOD CIRCLE
City WESTON FL Zip Code 33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sheldon Evans 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	BIELEFELDT, GRETHE H	
STREET ADDRESS	6175 NW 153 ST- STE 312	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (1/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G Bielefeldt 12. MARCH 2003
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

GRETHE BIELEFELDT

JI 5/30