

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90075 016 ***150.00

DOCUMENT # P99000098355

1. Entity Name
 NORTHPLEX ENTERPRISE INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
 1001 N. Federal Hwy

3. Mailing Address
 1001 N. Federal Hwy

Suite, Apt. #, etc.
 suite 202

Suite, Apt. #, etc.
 suite 202

City & State
 Hallandale, FL

City & State
 Hallandale, FL

4. FEI Number
 650980766

Applied For
 Not Applicable

Zip
 33009

Country
 US

Zip
 33009

Country
 US

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDUC, REJEAN
 1001 N FEDERAL HWY, STE 205
 HALLANDALE FL 33009

Name
 LEDUC, REJEAN
 Street Address (P.O. Box Number is Not Acceptable)

1001 N. FEDERAL HWY, SUITE 202
 City HALLANDALE FL Zip Code 33009

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME GOUIN, NORMAND Delete
 STREET ADDRESS 100-2 STE-ANNE STREET
 CITY-ST-ZIP QUEBEC CANADA G1R-3X9 OC

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SS
 NAME QUESNEL, DANY Delete
 STREET ADDRESS 2154 NE 9th AVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE SS
 NAME QUESNEL, DANY Change Addition
 STREET ADDRESS 2134 NE 9th AVE
 CITY-ST-ZIP WILTON MANOR FL 33305

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: [Signature] 04/23/01 (954) 457-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)