

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90235 044 ***150.00

DOCUMENT # F99000000866

1. Entity Name

CONSOLIDATED BILLING COMPANY

Principal Place of Business

Mailing Address

NEW RIVER CENTER
 200 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301

NEW RIVER CENTER
 200 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301-2299

940957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1730

1730

City & State

City & State

4. FEI Number

65-0865074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESJARDINS, JEAN-PIERRE
 NEW RIVER CENTER
 200 E. LAS OLAS BLVD. SUITE 1730
 FT. LAUDERDALE FL 33301

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

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

(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, 2000 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 C ☐ Delete
 NAME POIRE, ALPHE
 STREET ADDRESS 515 DU FLEUVE
 CITY-ST-ZIP BEAUMONT (QUEBEC) CANADA G0R -1C0

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

TITLE C ☐ Delete
 NAME LABRECQUE, JACQUES
 STREET ADDRESS 7481, RUE GRIGNON
 CITY-ST-ZIP CHARLESBOURG(QUEBEC)CANADA G1H -6V7

TITLE ☒ Change ☐ Addition
 NAME Vice Chairman Director
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DP ☐ Delete
 NAME CIRCE, REAL
 STREET ADDRESS 651, POINTE-A-BASILE
 CITY-ST-ZIP QUEBEC(QUEBEC)CANADA G0S -2C0

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Saint-Nicolas (Québec) Canada G7A 3P2

TITLE V ☐ Delete
 NAME DESJARDINS, JEAN-PIERRE
 STREET ADDRESS 1265, RODOLPHE FORGET
 CITY-ST-ZIP SILLERY(QUEBEC)CANDA G1S -3X6

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2232 N Cypress Bend Dr. apt 707
 CITY-ST-ZIP Pompano Beach FL 33069

TITLE S ☐ Delete
 NAME GIROUX, ROBERT
 STREET ADDRESS 4673, CLARA-BROUSSEAU
 CITY-ST-ZIP CAP-ROUGE(QUEBEC)CANADA G1Y -3M9

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Treasurer
 STREET ADDRESS Pierre Grenier
 CITY-ST-ZIP 622, ch. des Tourterelles
 Saint-Nicolas (Québec) G7A 3P4

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE VICE PRESIDENT
 4/13/00 954-5230306
 Date Daytime Phone #
 EXT 3540

CR2E034 (9/99)