

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 028 ****70.00

DOCUMENT # N94000Q00756

1. Entity Name

BINET/USA, The Bisexual Network of the USA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Market Street

Suite, Apt. #, etc.

#405

City & State

San Francisco, CA

Zip **94102**

Country **USA**

3. Mailing Address

1800 Market Street

Suite, Apt. #, etc.

#405

City & State

San Francisco, CA

Zip **94102**

Country **USA**

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4. FEI Number

364005814

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Steven K. Baird, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

6301 Biscayne Blvd., Suite 208

City **Miami**

FL Zip Code **33138**

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 reinstalling)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Barry Saiff 180 Brannan Street San Francisco, CA 94107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Alexei Guren 1528 Cherry Lane Place South Seattle, WA 98144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Will Marcotte 563 Jersey Ave., APT 4R Jersey City, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Jim Uomini 493 21st Avenue San Francisco, CA 94121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gigi R. Wilbur 8919 Carousal Houston, TX 77080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Scranz 1207 Melville Square, #412 Richmond, CA 94804

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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Saiff, President 04/05/02 415-365-6141

Date

Daytime Phone #

CR2E037B (12/01)