

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 022 ****61.25

DOCUMENT # N94000000756

1. Entity Name

BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.



Principal Place of Business

Mailing Address

1280 E 4TH ST
LONG BCH CA 94902

4201 WILSON BLVD
#110-311
ARLINGTON VA 22203
US

2. Principal Place of Business

10411 CARTILLA CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTA LOMA CA

City & State

Zip

91737

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAIRD, STEVEN K PA
6301 BISCAYNE BLVD, #208
MIAMI FL 33138**

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

SIGNATURE

Handwritten Signature

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-2004

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD** ☒ Delete
NAME: **PENN, DENISE**
STREET ADDRESS: **1280 E 4TH ST**
CITY-ST-ZIP: **LONG BEACH CA**

TITLE: **PRESIDENT D** ☐ Change ☒ Addition
NAME: **DENISE PENN**
STREET ADDRESS: **C/O 10411 CARTILLA CT.**
CITY-ST-ZIP: **ALTA LOMA CA 91737**

TITLE: **TD** ☒ Delete
NAME: **SINOWITZ, HEIDEE**
STREET ADDRESS: **2105 E FLORIDA #10**
CITY-ST-ZIP: **LONG BEACH CA 90814**

TITLE: **TREASURER D** ☐ Change ☒ Addition
NAME: **HEIDEE SINOWITZ**
STREET ADDRESS: **2105 E. FLORIDA #110**
CITY-ST-ZIP: **ALTA LOMA CA 91737**

TITLE: **SD** ☐ Delete
NAME: **NORTH, GARY**
STREET ADDRESS: **10411 CATILLA CT**
CITY-ST-ZIP: **RANCHO CUCAMONGA CA 91737**

TITLE: ☐ Change ☐ Addition
NAME: **VP D**
STREET ADDRESS: **LUIGI FERRER**
CITY-ST-ZIP: **6700 SW 52ND ST.**

TITLE: **PD** ☒ Delete
NAME: **GUREN, ALEXEI**
STREET ADDRESS: **1528 CHERRY LANE PLACE SOUTH**
CITY-ST-ZIP: **SEATTLE WA 98144**

TITLE: ☐ Change ☒ Addition
NAME: **VP D**
STREET ADDRESS: **LUIGI FERRER**
CITY-ST-ZIP: **6700 SW 52ND ST.**

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

SIGNATURE:

Handwritten Signature

GARY NORTH

2-14-2004

800-585-9368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #