

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90003 014 \*\*\*150.00

**DOCUMENT # F 97000002097**  
 1. Entity Name

**LES ENTREPRISES M. & G. LUPIEN INC.**  
 Principal Place of Business Mailing Address  
 955 COLLINS STREET 955 COLLINS STREET  
 DRUMMONDVILLE DRUMMONDVILLE  
 QUEBEC, CANADA QUEBEC, CANADA  
 J2G 5S7 J2G 5S7

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0618274** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSEMOND CARON**  
**140 N.E. 28TH AVENUE, APP. 105**  
**POMPANO BEACH**  
**FLORIDA, 33062**

7. Name and Address of New Registered Agent  
 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 *Caron* DATE **04/07/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

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**

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>GILLES LUPIEN</b>	
STREET ADDRESS	<b>955 COLLINS STREET J2C 5S7</b>	
CITY - ST - ZIP	<b>DRUMMONDVILLE, QC, CANADA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:** *Gilles Lupien* **GILLES LUPIEN, PRES.** **04-07-00** **1-819-474-4444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)