

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005140

1. Entity Name

BIKINI INTERNATIONAL (U.S.A.) INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90004 018 ***558.75

Principal Place of Business

60 WILLIS ROAD
 WOODBRIDGE, ONTARIO
 CANADA L4L 5S2

Mailing Address

60 WILLIS ROAD
 WOODBRIDGE, ONTARIO
 CANADA L4L 5S2

2. Principal Place of Business

241 Applemoed Cres.

3. Mailing Address

241 Applemoed Cres

Suite, Apt. #, etc.

Unit 9

Suite, Apt. #, etc.

Unit 9

City & State

Concord, Ontario

City & State

Concord, Ontario

4. FEI Number

59-3546737

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOHN C ESQ.
 800 N. MAGNOLIA AVENUE, SUITE 1500
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: Dean, Meady Egerton, Bloodworth
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code: Lawrence

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSD	<input type="checkbox"/> Delete
NAME	PEROVICH, PAUL	
STREET ADDRESS	60 WILLIS ROAD, WOODBRIDGE, ONTARIO	
CITY-ST-ZIP	CANADA L4L 5S2	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	241 Applemoed Cres, Unit 9, Concord, Ontario	
CITY-ST-ZIP	Canada L4K 4E6	
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 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: **X SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14/00

905-660-1343

Date

Daytime Phone #

CR2E034 (5/00)