

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90022 006 ***150.00

DOCUMENT # F98000005140

1. Entity Name

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

Principal Place of Business

**241 APPLEWOOD CRES.
 WOODBRIDGE, ONTARIO
 CANADA L4L 5S2**

Mailing Address

**241 APPLWOOD AVE
 #9
 WOODBRIDGE ON L4K- 4E6
 CA**

2. Principal Place of Business

241 Applewood Cres.

3. Mailing Address

241 Applewood Cres.

Suite, Apt. #, etc.

Unit 9

Suite, Apt. #, etc.

Unit 9

City & State

Concord, Ontario

City & State

Concord, Ontario

Zip

L4K 4E6

Country

Canada

Zip

L4K 4E6

Country

Canada



DO NOT WRITE IN THIS SPACE

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 PEROVICH, PAUL
 60 WILLIS ROAD, WOODBRIDGE, ONTARIO
 CANADA L4L 5S2**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**241 Applewood Cres
 Concord, Ontario L4K 4E6**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

March 5/02 905-851-3601

CR2E034 (9/01)