

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005432

1. Entity Name

GSI TECHNOLOGIES USA INC

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90014 011 ***150.00

Principal Place of Business

Mailing Address

721 SE 17TH STREET
FORT LAUDERDALE FL 33316

721 SE 17TH STREET
FORT LAUDERDALE FL 33316-2927

2. Principal Place of Business

2001 MCGILL COLLEGE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1310

CITY & STATE
MONTREAL, QUEBEC

CITY & STATE

Zip
H3A 1G1

Country

CANADA

Zip

Country

4. FEI Number

65-0902449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMOTHE, FERNAND
721 SE 17TH STREET
FORT LAUDERDALE FL 33316

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MONTIGNY, J. MICHEL DE
162 DES FASSEREAUX, VERDUN
QUEBEC, CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
HONE, JAMES A.
3534 AYLMEYER ST APT 3
MONTREAL, QUEBEC CANADA J7K 3N5 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEBEL, YVES
1301 LARCHE QUEBEC
QUEBEC CANADA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAPLANTE MICHEL
3552 CHARRON
MASCOCHE, QUEBEC CANADA J7K 3N5 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. HONE Ar 25/ 514 940-5262
Date Daytime Phone #

CR2E034 19/99