

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90001 041 \*\*\*\*50.00

**DOCUMENT # L01000021641**

1. Entity Name  
**STYNIK U.S.A., L.L.C.**

Principal Place of Business

88 SOUTHEAST THIRD AVE.  
 SUITE #400  
 FT. LAUDERDALE FL 33316

Mailing Address

88 SOUTHEAST THIRD AVE.  
 SUITE #400  
 FT. LAUDERDALE FL 33316

871509

2. Principal Place of Business  
 888 S.E. Third Avenue

3. Mailing Address  
 888 S.E. Third Avenue

Suite, Apt. #, etc.  
 Suite 400

Suite, Apt. #, etc.  
 Suite 400

City & State  
 Fort Lauderdale, FL

City & State  
 Fort Lauderdale, FL

Zip  
 33316

Country  
 U.S.A.

Zip  
 33316

Country  
 U.S.A.

4. FEI Number  
 80-0002901

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required  
 N/A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARRY J. BEHAR, P.A.  
 888 SOUTHEAST THIRD AVE.  
 SUITE #400  
 FT. LAUDERDALE FL 33316

Name  
 N/A

Street Address (P.O. Box Number is Not Acceptable)  
 N/A

N/A

City  
 N/A

FL

Zip Code  
 N/A

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 **LARRY J. BEHAR**

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

(NOTE: Registered Agent signature required when reinstating)

July 9, 2002.

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Managing Member  
 Gilles Lemaire  
 R.R. # 1 Chevrier Road  
 Summerstown, Ont. K0C 2E0 Canada

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
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 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **GILLES LEMAIRE, Managing Member**

(613) 931-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)