

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-20-2003 90090 041 ****61.25

DOCUMENT # N94000000756

1. Entity Name
BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.



Principal Place of Business
~~1600 MARKET ST~~ **1280 G. 4th St #1**
~~SAN FRANCISCO CA 94102~~ **LONG BEACH CA 90802**

Mailing Address
~~1600 MARKET ST~~ **4201 Wilson Blvd**
~~SAN FRANCISCO CA 94102~~ **#110-311**
ARLINGTON, VA 22203

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4005814** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BAIRD, STEVEN K-PA
6301 BISCAYNE BLVD, #208
MIAMI FL 33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UOMINI, JIM		NAME	DENISE PENN	
STREET ADDRESS	493 21ST AVENUE		STREET ADDRESS	1280 G. 4th St. #1	
CITY-ST-ZIP	SAN FRANCISCO CA 94121		CITY-ST-ZIP	LONG BEACH CA 90802	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCOTTE, WILL		NAME	HEIDEE SINOWITZ - D	
STREET ADDRESS	563 JERSEY AVE, APT 4R		STREET ADDRESS	2105 E. FLORIDA #10	
CITY-ST-ZIP	JERSEY CITY NJ 07076		CITY-ST-ZIP	LONG BEACH CA 90814	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAIFF, BARRY		NAME	GARY NORTH - D	
STREET ADDRESS	180 BRANNAN ST		STREET ADDRESS	10411 CARTILLO CT	
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP	ALTA LOMA CA 91737	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBUR, GIGI R		NAME		
STREET ADDRESS	8919 CAROUSEL		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77080		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUREN, ALEXEI		NAME		
STREET ADDRESS	1528 CHERRY LANE PLACE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98144		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAZ, ANN		NAME		
STREET ADDRESS	1207 MELVILLE SQUARE #412		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND CA 94804		CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY NORTH** 3-14-2003 800-585-9368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)