

DOCUMENT # P92000007968

INTERNATIONAL DISTRIBUTION MANAGEMENT USA, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90222 050 ***150.00

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVD SUITE 213 PALM BEACH GARDENS FL 33410 US	4362 NORTHLAKE BLVD SUITE 213 PALM BEACH GARDENS FL 33410 US

2. Principal Place of Business 7960 Central Industrial Dr Suite, Apt. #, etc. #125	3. Mailing Address Suite, Apt. #, etc.
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City & State Riviera Beach, FL		City & State	
Zip 33404	Country USA	Zip	Country

4. FEI Number	65-0373926	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	
LAJEUNESS, YVES 8 1256 WOODSMUIR DRIVE WEST PALM BEACH FL 33412	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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 _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D LAJEUNESSE, YVES 4256 WOODSMUIR DRIVE WEST PALM BEACH FL 33412	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit'g 8256 Woodsmuir Dr
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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

4/23/01 561-841-9949

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Daytime Phone #

CR2E034 (10/00)