2001: UNIFORM BUSINESS REPORT (UBR)

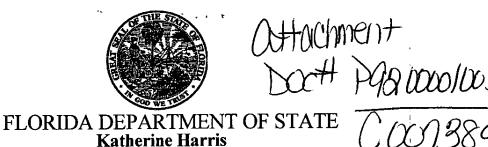
Secretary of State DOCUMENT # P92000010032 1. Entity Name 07-18-2001 90015 034 ***150.00 DURA FORM 2000 U S A, INC. Principal Place of Business Mailing Address 140 ST-EUSTACHE ST 4980 SW 52 ST **SUITE 119** STE 201 DAVIE FL 33314 ST-EUSTACHE P. QU J7R- 2K9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0373178 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name anggarang makalang amagagaran, ngang makalan CADY, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 4431 DAVIE RD SUITE 121 **DAVIE FL 33314** 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing regulrement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) MIF ☐ Change ☐ Addition MILE Delete DUCHARME, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 140 ST-EUSTACHE, #201 CITY-ST-ZIP ST-EUSTACHE P. QU J7R- 2K9 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE LISE, DORE NAME NAME STREET ADDRESS STREET ADDRESS 140 ST-EUSTACHE, #201 CITY-ST-ZIP CITY-ST-ZIP ST-EUSTACHE P. QU J7R- 2K9 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED Jul 18, 2001 8:00 am

13. I hereby certify that the information supplied with this filling 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:

26 0 4 7000 4 450 473356



May 29, 2001

DURA FORM 2000 U S A, INC. 140 ST-EUSTACHE ST STE 201 \ST-EUSTACHE P., QU J7R--K9

Subject: DURA FORM 2000 U S A, INC.

Reference P92000010032 Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Secretary of State

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RÉTURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TR ANNUAL REPORTS SECTION

www. sinc DIZ

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314