

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063261

1. Entity Name

AMERIC DISC U.S.A-FLORIDA INC.

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90004 002 ***550.00

Principal Place of Business

8455 NW 30TH TERRACE
MIAMI FL 33122
US

Mailing Address

ONE FINANCIAL PLAZA
1500-100 SE 3RD AVE
FT LAUDERDALE FL 33394
US

00057899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0451013

Applied for
Not Applicable

Zip

Country

Zip

Country

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

WALDMAN & FELUREN PA
ONE FINANCIAL PLAZA SUITE 1500
100 SE 3RD AVE
FT LAUDERDALE FL 33394

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 date if applicable)

(NOTE: Registered Agent signature required when filing)

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, 2001 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

TITLE D ☒ Delete

NAME DESJARDINS, LUC
STREET ADDRESS 1000 DE MAISONNE BLVD, PH5
CITY-STATE-ZIP MONTREAL QU H3A- 3K1

TITLE VD ☐ Delete

NAME DE POIX, LOIC
STREET ADDRESS 53700 VILLAINES-LA-JUHEL
CITY-STATE-ZIP AVERTON FR

TITLE D ☐ Delete

NAME DEPOIX, SERGE
STREET ADDRESS L'ERMITAGE, 53370 SAINT-PIERRE-DES-NIDS
CITY-STATE-ZIP FRANCE

TITLE D ☐ Delete

NAME DEBELLEGARDE, LOUIS
STREET ADDRESS 1910, RUE DU CALVAIRE, ESCALIER B
CITY-STATE-ZIP SAINT-CLOUD FR 92210

TITLE D ☐ Delete

NAME HAREL, HUBERT
STREET ADDRESS 21, COURS DU FLEUVE
CITY-STATE-ZIP ILE-DES-SOEURS QU H3X- 1X1

TITLE DP ☐ Delete

NAME DOYON, ROBERT
STREET ADDRESS 3145 RUE GIRARD QUEST
CITY-STATE-ZIP SAINT-HYACINTHE QU J2S- 3B7

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE DS ☐ Change ☒ Addition

NAME POIRIER, PIERRE
STREET ADDRESS 231, Stanstead Street
CITY-STATE-ZIP Ville Mont-Royal, Quebec, Canada, H3R 1X4

TITLE D ☐ Change ☒ Addition

NAME MARCOUX, REMI
STREET ADDRESS 66 Pagnuelo Street
CITY-STATE-ZIP Outremont, Quebec, Canada, H2V 3C1

TITLE D ☐ Change ☒ Addition

NAME LACROIX, HUBERT T
STREET ADDRESS 1169, Seymour Street, app. 2
CITY-STATE-ZIP Montreal, Quebec, Canada, H3H 2S4

TITLE D ☐ Change ☒ Addition

NAME DENAULT, DANIEL
STREET ADDRESS 8410 Renard Street
CITY-STATE-ZIP Brossard, Quebec, Canada, J4X 1R3

TITLE DC ☐ Change ☒ Addition

NAME LANGLOIS, RAYNOLD
STREET ADDRESS 180 Merton Street
CITY-STATE-ZIP St-Lambert, Quebec, Canada, J4P 2W2

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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: Pierre Poirier

Secretary

2001-02-14

(514) 954-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone