

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90153 025 \*\*\*150.00

**DOCUMENT #** P98000059610

**1. Entity Name**  
 CASCADE USA INC.

**Principal Place of Business**  
 4700 WASHINGTON ST APT 304 BLD 17  
 HOLLYWOOD FL 33021

**Mailing Address**  
 4700 WASHINGTON ST APT 304 BLD 17  
 HOLLYWOOD FL 33021

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** 65-0847695

**Applied For**  
 Not Applicable

**Zip**

**Country**

**Zip**

**Country**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LEDUC, REJEAN  
 1001 N FED HWY STE 205  
 HALLANDALE FL 33009

**Name** CLOUTIER DONAT  
**Street Address (P.O. Box Number is Not Acceptable)**  
 4700 WASHINGTON ST #304 BLD 17  
**City** HOLLYWOOD **FL** **Zip Code** 33021

**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** *Donat Cloutier* DONAT CLOUTIER 01-07-2002  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** CLOUTIER, DONAT  
**STREET ADDRESS** 4700 WASHINGTON ST #304 BLD 17  
**CITY-ST-ZIP** HOLLYWOOD FL 33021

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** SD ☐ Delete  
**NAME** TREPANIER, JOHANNE  
**STREET ADDRESS** 4700 WASHINGTON ST #304 BLD 17  
**CITY-ST-ZIP** HOLLYWOOD FL 33021

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Donat Cloutier* DONAT CLOUTIER 01-07-2002 954-894893  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)