

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059610

1. Entity Name  
CASCADE USA INC.Principal Place of Business  
4700 WASHINGTON ST APT 304 BLD 17  
HOLLYWOOD FL 33021Mailing 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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0847695

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEDUC, REJEAN  
1001 N FED HWY STE 205  
HALLANDALE FL 33009Name *Cloutier, Donat*

Street Address (P.O. Box Number is Not Acceptable)

4700 WASHINGTON ST. #304 BLD 17  
City *HOLLYWOOD* FL *33021* 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 *Donald Cloutier*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *01-07-2002*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 State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE

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

TITLE

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

TITLE

 Change Addition

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: *Donald Cloutier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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



DO NOT WRITE IN THIS SPACE

10/01  
CR2E034 (9/01)