

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062050

1. Entity Name

HIGH TECH PRODUCTS OF USA INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90034 001 ***150.00

Principal Place of Business

Mailing Address

1222 NE 4TH AVE
FORT LAUDERDALE FL 33304

1222 NE 4TH AVE
FORT LAUDERDALE FL 33304-1925

2. Principal Place of Business

300 W sunrise blvd. #1

3. Mailing Address

300 W Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

City & State

fort lauderdale, fl

City & State

Fort Lauderdale, FL

Zip

33311

Country

broward

Zip

33311

Country

Broward

4. FEI Number

65-0850976

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

LABOSSIERE, MARC
1222 NE 4TH AVENUE
FORT LAUDERDALE FL 33304

Name

DIXON ALEXANDRE

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

300 W Sunrise Blvd. # 1

City

Fort Lauderdale

FL

Zip Code

33311

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

Dixon Alexandre

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

(NOTE: Registered Agent signature required when reinstating)

04-14-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete
NAME THIBODEAU, GABRIEL
STREET ADDRESS 3159 ROUTE 112 OUEST, MAGOG
CITY-ST-ZIP QUEBEC CANADA J1X 3W3

TITLE DS ☐ Change ☐ Addition
NAME Thibodeau, Gabriel
STREET ADDRESS C.P. 258
CITY-ST-ZIP Ayers Cliff, Qc, Canada J0B 1C0

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)