

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90090 033 \*\*\*150.00

**DOCUMENT #** P98000062050

**1. Entity Name**

HIGH TECH PRODUCTS OF USA INC.

**DO NOT WRITE IN THIS SPACE**

**B0056565**

**2. Principal Place of Business**  
2750 W OAKLAND PARK BLVD.

**3. Mailing Address**  
2750 W OAKLAND PARK BLVD.

Suite, Apt. #, etc.  
# 10G

Suite, Apt. #, etc.  
# 10G

DO NOT WRITE IN THIS SPACE

**City & State**  
OAKLAND PARK FL

**City & State**  
OAKLAND PARK FL

**4. FEI Number**  
65-0850976

**Applied For**  
Not Applicable

**Zip**  
33311

**Country**  
USA

**Zip**  
33311

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**Name**  
DIXON ALEXANDRE

**Street Address (P.O. Box Number is Not Acceptable)**  
2750 W OAKLAND PARK BLVD. # 10G

**City**  
OAKLAND PARK

**FL**

**Zip Code**  
33311

**DO NOT WRITE  
IN THIS SPACE**

**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 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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$41.25  
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** DS  
**NAME** THIBODEAU, GABRIEL  
**STREET ADDRESS** 3159 ROUTE 112 OUEST  
**CITY - ST - ZIP** MAGOG, QC, CANADA J1X 3W3

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

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

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

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

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

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

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

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

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE**

GABRIEL THIBODEAU

03/23/02 305-720-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #