FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90085 032 ***150.00

DOCUMENT # P98000063740

1. Entity Name
STRUCTUTRES DE BEAUCE USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1401 DEWEY STREET		1401 DEWEY STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOLLYWOOD, FL		City & State: HOLLYWOOD, FL	
Zip: 33020	Country: USA	Zip: 33020	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0851002 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 1401 DEWEY STREET
City: HOLLYWOOD FL Zip Code: 33020

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 $61.25
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	DP	TITLE	
NAME	DROUIN BENOIT	NAME	
STREET ADDRESS	305 DU PARC	STREET ADDRESS	
CITY - ST - ZIP	ST-ODILON, QC G0S 3A0	CITY - ST - ZIP	
TITLE	SD	TITLE	
NAME	DESPRES PIERRE	NAME	
STREET ADDRESS	305 DU PARC	STREET ADDRESS	
CITY - ST - ZIP	ST-ODILON, QC G0S 3A0	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E048 (12/01)

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: Benoit Drouin — Benoit Drouin — March 15 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32361F.1