

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 29, 2000 8:00 am**
Secretary of State

02-29-2000 90181 029 ***150.00

DOCUMENT # P98000075063

1. Entity Name

B.S.L. Investments, Inc.

Principal Place of Business

Mailing Address

10697 NW 2nd Place**10697 NW 2nd Place****Coral Springs, FL 33071****Coral Springs, FL 33071**

UUU43114

2. Principal Place of Business

3. Mailing Address

11346 NW 12th Court**11346 NW 12th Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL 33071

City & State

Coral Springs, FL 33071

4. FEI Number

65-0874779

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 **President** ☒ Delete
NAME **Stephane Dupuis**
STREET ADDRESS **1885 SW 4th Avenue, suite E5**
CITY-ST-ZIP **Delray Beach, FL 33444**TITLE **President** ☐ Change ☒ Addition
NAME **Bernard Dupuis**
STREET ADDRESS **11346 NW 12th Court**
CITY-ST-ZIP **Coral Springs, FL 33071-6494**TITLE **Secretary** ☐ Delete
NAME **Liliane Dupuis**
STREET ADDRESS **11346 NW 12th Court**
CITY-ST-ZIP **Coral Springs, FL 33071-6494**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 #

2. 14. 00

CR2E034 (9/99)