

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095936

1. Entity Name

AGRIMAGE, USA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90030 048 ***150.00

Principal Place of Business Mailing Address
1301 W COPANS RD. BUILDING D. SUITE B 1301 W COPANS RD. BUILDING D. SUITE B
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-2221

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ST-DENIS, QUEBEC

Zip Country Zip Country
JOB 2PO CANADA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871475 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GRIFFITH, LYNN P
1301 W COPANS RD, BUILDING D, SUITE B
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
Name REJEAN LAPIERRE
Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD.
BLDG. "G"
City SUNRISE FL Zip Code 33351

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 *Rejean Lapierre* 4-27-00
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 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	D <input type="checkbox"/> Delete	TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAOUST, GILLES	NAME	DAOUST, GILLES
STREET ADDRESS	32 RUE WILLINGTON N, SUITE 207	STREET ADDRESS	32 RUE WILLINGTON N. SUITE 400
CITY-ST-ZIP	SHERBROOK, QC CANADA J1H 5B7	CITY-ST-ZIP	SHERBROOKE, QUEBEC, CANADA J1H 5B7
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, M. LYNN P JR	NAME	
STREET ADDRESS	1301 W COPANS RD, BLDG D, SUITE B	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTEAU, ALAIN	NAME	PARENTEAU, ALAIN
STREET ADDRESS	32 RUE WILLINGTON N, SUITE 207	STREET ADDRESS	32 RUE WILLINGTON N. SUITE 400
CITY-ST-ZIP	SHERBROOKE, QC CANADA J1H5B7	CITY-ST-ZIP	SHERBROOKE, QUEBEC, CANADA J1H 5B7
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPIN, REYNALD	NAME	
STREET ADDRESS	32 RUE WILLINGTON N, SUITE 207	STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, QC CANADA J1H 5B7	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE VESQUE, DENIS	NAME	
STREET ADDRESS	465 3 RANG NORD ST CHARLES SUR RICHELIEU	STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, CANADA JOH 2GO	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Rejean Lapierre* 4/27/00 954-749-8802
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)