2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # P98000099620 1. Entity Name PROFORM, INC. 04-20-2000 90057 007 ***150.00 Principal Place of Business Mailing Address 67 SUNDIAL CIRCLE **67 SUNDIAL CIRCLE** MARGATE FL 33068 MARGATE FL 33068-1965 2. Principal Place of Business 3. Mailing Address Sundial Circle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0889132 Not Applicable marga/1 Country Country \$8.75 Additional 5. Certificate of Status Desired 3306<u>8</u> Fee Required Bucuara ...6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOURASSA, CHRISTIAN** Street Address (P.O. Box Number is Not Acceptable) **67 SUNDIAL CIRCLE** MARGATE FL 33068 Zip Code City Fi 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME **BOURASSA, CHRISTIAN** STREET ADDRESS STREET ADDRESS **67 SUNDIAL CIRCLE** CITY-ST-ZIP CITY-ST-7IP MARGATE FL 33068 Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-712 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR DIRECTION Christian Bourassa 4-400 (954)758