2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90377 037 ***150.00

DOCUMENT # P99000013075

1. Entity Name
BORDERS USA, INC.

Principal Place of Business	Mailing Address
1120 RIVER BIRCH STREET HOLLYWOOD FL 33019	1120 RIVER BIRCH STREET HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1830 MERIDIAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 605
City & State	City & State MIAMI BEACH, FL
Zip / Country	Zip 33139 / Country USA

4. FEI Number 65-0894707 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CESAR, NEUZA
1120 RIVER BIRCH STR.
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name CHRISTINE BOLLINGER HUNT
Street Address (P.O. Box Number is Not Acceptable) 1830 MERIDIAN AVE, 704
City MIAMI BEACH FL Zip Code 33139

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 Christine Bollinger Hunt CHRISTINE BOLLINGER HUNT 04/30/02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PIDO, ORLANDO JR 1120 RIVER BIRCH STR. HOLLYWOOD FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PIDO, ADRIANE C 1120 RIVER BIRCH ST HOLLYWOOD FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adriane Pido ADRIANE C PIDO 04/30/02 305 531-9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #