2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000015565** 1. Entity Name CAN-AM MANUFACTURING AGENT INC. 05-11-2000 90095 001 ***750.00 Principal Place of Business Mailing Address 721 SE 17TH STREET 721 SE 17TH STREET FORT LAUDERDALE FL 33316-2927 FORT LAUDERDALE FL 33316 **すりょすん** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0895125 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMOTHE, FERNAND Street Address (P.O. Box Number is Not Acceptable) 721 SE 17TH STREET FORT LAUDERDALE FL 33316 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DPS Change Addition TITLE TITLE ☐ Delete NAME PARENTEAU, RICHARD NAME STREET ADDRESS STREET ADDRESS 721 SE 17TH STREET CITY-ST-ZIP CITY - ST - ZIP FORT LAUDERDALE FL 33316 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 impowered 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Richard Parenteau

04/25/00

1-877-559-0255

Change

Addition

Date

Daytime Phone #

CR2E034 (9/99)