FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90125 044 ***150.00

DOCUMENT # P99000025417

1. Entity Name
BIOMASSE INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 DEWEY STREET	1401 DEWEY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0909206 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name: Mark COHEN CPA

Street Address (P.O. Box Number is not Acceptable): 1772 EAST TRAFALGAR CIRCLE

City: HOLLYWOOD FL Zip Code: 33020

7. 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: _____ DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when adding/changing)

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $300.00
Amended UBR is $61.25
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

TITLE: PD NAME: DUFRESNE BENOIT STREET ADDRESS: 3360 COTE RICHELIEU CITY-ST-ZIP: TROIS RIVIERES O.QC G8Y 3J4	TITLE: D NAME: ROBERT MAURICE STREET ADDRESS: 4720,BOUL.ROYAL CITY-ST-ZIP: TROIS-RIVIERES-O QC G9A 4N1
TITLE: VSTD NAME: GAGNON JEAN STREET ADDRESS: 6792 CR VERDON CITY-ST-ZIP: LAVAL, QC H7L 4P9	TITLE: NAME: D STREET ADDRESS: MONGRAIN MARCEL QC G9A 4N1 CITY-ST-ZIP: 4720,BOUL.ROYAL TROIS.RIVIERES C
TITLE: VD NAME: VINCENT PIERRE H. STREET ADDRESS: 20,100 LAC DES ILES CITY-ST-ZIP: ST-BONIFACE.QUE G0X 2L0	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE**
TITLE: D NAME: DURAND DENIS STREET ADDRESS: 4720,BOUL.ROYAL CITY-ST-ZIP: TROIS RIVIERES O,QC G9A 4N1	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E004B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Apr 29 2002 (819) 374-3131
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FLR200516.1

FROM : MARK COHEN FAX NO. : 954 925 7182 Apr. 29 2002 01:21AM P2