2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0066641		Se	20, 200 ecretary 2-20-2002 90169	of Sta	te	Ā AV
Principal Place of Business 3300 PEMBROKE ROAD, SUITE 107 HOLLYWOOD FL		Mailing Address 3300 PEMBROKE ROAD, SUITE 107 HOLLYWOOD FL		DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. FEI Number	65-0936343		plied For t Applicable	
Zip Country		Zip Country		5. Certificate of S	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Register	red Agent		1
			Name					ĺ
BEAUHIEU, MICHEL 3300 PEMBROKE RD STE 107 HOLLYWOOD FL 33021		•	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code]
Signature, typed or printed name of registered agent a 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 Sta		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND I		12.	ADDITIONS/CHA	ANGES TO OFFICERS			1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Brabant, Daniel 114 Chemin de Butes St-Hyppolite, QC J8A 1A7	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	SD BEAULIEU, MICHEL 114 CHEMIN DE BUTES ST-HYPPOLITE, QC J8A 1A7	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · .	☐ Change	☐ Addition	5
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	[
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or flasteelempo	this filling does not qualify for the true and accurate and that my s Mered to execute this report as	e exemption stated in s signature shall have th required by Chapter 6	Section 119.07(3)(i), Fl e same legal effect as 07, Florida Statutes; ar	orida Statutes. I further if made under oath; tha nd that my name appea	certify that the in at I am an officer ars in Block 11 or	formation or director Block 12 if	