

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070227

1. Entity Name

BLAZE ENTERPRISE OF USA CORP.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90048 005 ***150.00

Principal Place of Business

Mailing Address

4501 WEST MCNAB ROAD, SUITE 18
 POMPANO BEACH FL 33069

4501 WEST MCNAB ROAD, SUITE 18
 POMPANO BEACH FL 33069-4913

2. Principal Place of Business

3. Mailing Address

4501 W. McNab Rd Suite 18
 Suite, Apt. #, etc.

4501 W. McNab Rd Suite 18
 Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL
 Zip 33069 Country USA

Pompano Beach FL
 Zip 33069 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDUC, REJEAN
 1001 NORTH FEDERAL HWY, SUITE 205
 HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(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, 2000 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 DP
 NAME LAPOINTE, JEROME
 STREET ADDRESS 4328 RUE DES MARTINETS
 CITY-ST-ZIP CHARLESBOURG QUEBEC G1G 6P7

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS
 NAME TURCOTTE, CAROLINE
 STREET ADDRESS 4328 RUE DES MARTINETS
 CITY-ST-ZIP CHARLESBOURG QUEBEC G1G 6P7

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF EQ:14 (9/99)