

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90432 034 ***150.00

DOCUMENT # **P99000104530** ✓
1. Entity Name
Everglades Enterprises USA Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 512 SE 32 Street Suite, Apt. #, etc.		3. Mailing Address 512 SE 32 Street Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Shelly Laffey**

Street Address (P.O. Box Number is Not Acceptable)
30849 Eastridge Ter

City **Sorrento** FL Zip Code **32776**

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 **Shelly J Laffey** DATE **4/28/02**

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ken E Nielsen 512 SE 32 St Ft Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shelly Laffey 30849 Eastridge Ter Sorrento FL 32776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TW Brixen, Henrik 139 NW 72 Ave Plantation, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Poul Sorensen Gollvej 7 9440 Aabybro, Denmark	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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Shelly J Laffey** DATE **4/28/02** DAYTIME PHONE # **407644-6543**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)