

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90018 041 ***150.00

DOCUMENT # S42911

1. Entity Name
BOVIN U.S.A., INC.

Principal Place of Business Mailing Address
848 KENNEDY BLVD. **848 KENNEDY BLVD.**
PINTENDRE, QUEBEC G6C1A4 CA **PINTENDRE, QUEBEC G6C1A4 CA**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number NOT APPLICABLE | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| LARRY J. BEHAR, P.A. 888 SE 3 AVE SUITE 400 FT LAUDERDALE FL 33316 | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, LARRY J. | NAME | |
| STREET ADDRESS | 888 SE 3 AVE #400 | STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOVIN, ROBERT | NAME | |
| STREET ADDRESS | 848 KENNEDY BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | PINTENDRE, QUEBEC | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRONDIN-BOVIN, GHISLAINE | NAME | |
| STREET ADDRESS | 848 KENNEDY BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | PINTENDRE, QUEBEC | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOVIN, JOHANNE | NAME | |
| STREET ADDRESS | 848 KENNEDY BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | PINTENDRE, QUEBEC | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOVIN, CAROLE | NAME | |
| STREET ADDRESS | 848 KENNEDY BLVD. | STREET ADDRESS | |
| CITY-ST-ZIP | PINTENDRE, QUEBEC | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Carole Bovin Date: April 20th 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE034 (10/00)