## FILED 2002 UNIFORM BUSINESS REPORT. (UBR) Apr 29, 2002 8:00 am Secretary of State DOCUMENT # S42911 1. Entity Name 04-29-2002 90013 019 \*\*\*150 00 BOMN U.S.A., INC. Principal Place of Business Mailing Address 848 KENNEDY BLVD. 848 KENNEDY BLVD. PINTENDRE, QUEBEC G6C1A4 CA PINTENDRE, QUEBEC G6C1A4 CA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARRY J. BEHAR, P.A. Street Address (P.O. Box Number is Not Acceptable) 888 SE 3 AVE SUITE 400 FT LAUDERDALE FL 33316 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteriá on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ 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 Delete TITLE ☐ Change ☐ Addition NAME **BOIVIN. ROBERT** NAME STREET ADDRESS 848.KENNEDY BLVD. STREET ADDRESS CITY-ST-7IP: PINTENDRE, QUEBEC CITY-ST-ZIP == TITLE ☐ Delete TITLE □ Change Addition NAME GRONDIN-BOIVIN, GHISLAINE NAME STREET ADDRESS 848 KENNEDY BLVD. STREET ADDRESS CITY-ST-ZIP PINTENDRE, QUEBEC CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME **BOIVIN, JOHANNE** NAME STREET ADDRESS 848 KENNEDY BLVD. STREET ADDRESS CITY-ST-ZIP PINTENDRE, QUEBEC CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME **BOIVIN, CAROLE** NAME STREET ADDRESS 848 KENNEDY BLVD. STREET ADDRESS CITY-ST-ZIP PINTENDRE, QUEBEC CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

February 13th 2002