

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90235 047 ***550.00

0146261 IN

DOCUMENT # F03780

1. Entity Name
BUSINESSWAY INTERNATIONAL CORPORATION

Principal Place of Business 117 GUN AVENUE POINTE-CLARIE QUEBEC CANADA HR9 3X2	Mailing Address 117 GUN AVENUE POINTE-CLARIE QUEBEC CANADA HR9 3X2
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80063004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		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							
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEDDO, FARIS		NAME				
STREET ADDRESS	117 GUN AVENUE		STREET ADDRESS				
CITY-ST-ZIP	CANADA HR9 3X2		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEDDO, FARIS		NAME				
STREET ADDRESS	117 GUN AVENUE		STREET ADDRESS				
CITY-ST-ZIP	CANADA HR9 3X2		CITY-ST-ZIP				
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCOTT, MICHELE		NAME				
STREET ADDRESS	117 GUN AVENUE		STREET ADDRESS				
CITY-ST-ZIP	CANADA HR9 3X2		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LALACH, HARVEY		NAME				
STREET ADDRESS	265 ALICE CARRIERE		STREET ADDRESS				
CITY-ST-ZIP	CANADA H9W 6E6		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<i>[Signature]</i>		NAME				
STREET ADDRESS	<i>[Signature]</i>		STREET ADDRESS				
CITY-ST-ZIP	<i>[Signature]</i>		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZAMBITO FABRICE		NAME				
STREET ADDRESS	117 GUN AVENUE		STREET ADDRESS				
CITY-ST-ZIP	POINTE-CLAIRE, QUEBEC, CANADA HR9 3X2		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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **July 12th, 01** Daytime Phone #: **514-693-0877**

CFR2E034 (5/01)