

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90112 027 \*\*\*150.00

**DOCUMENT # S19269**

1. Entity Name

**BICHI CORPORATION**

Principal Place of Business

1915 BRICKELL AVE  
 APT C-402  
 MIAMI FL 33129-1709

Mailing Address

1915 BRICKELL AVE  
 APT C-402  
 MIAMI FL 33129-1779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0335324**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISNIACKI, FABIAN**  
**1915 BRICKELL AVE #C-402**  
**MIAMI FL 33129**

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

| 11. OFFICERS AND DIRECTORS |                                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | WISNIACKI, BENJAMIN                 | NAME  |  |
| STREET ADDRESS             | 1915 BRICKELL AVE #C-402            | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MIAMI FL                            | CITY-ST-ZIP   |  |
| TITLE                      | VSD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | SPITERI, ANA STELMA                 | NAME  |  |
| STREET ADDRESS             | 1915 BRICKELL AVE #C-402            | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MIAMI FL                            | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | WISNIACKI DE BLOCH, M.              | NAME  |  |
| STREET ADDRESS             | 1915 BRICKELL AVE #C-402            | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MIAMI FL                            | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | WISNIACKI, SALOMON G.               | NAME  |  |
| STREET ADDRESS             | 1915 BRICKELL AVE #C-402            | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MIAMI FL                            | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | WISNIACKI DE BERMAN, G.R            | NAME  |  |
| STREET ADDRESS             | 1915 BRICKELL AVE #C-402            | STREET ADDRESS  |  |
| CITY-ST-ZIP                | MIAMI FL                            | CITY-ST-ZIP   |  |
| TITLE                      | VD <input type="checkbox"/> Delete  | TITLE   | DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WISNIACKI, FABIAN                   | NAME  | WISNIACKI, FABIAN  |
| STREET ADDRESS             | 1915 BRICKELL AVE C-402             | STREET ADDRESS  | 1915 BRICKELL AVE C-402  |
| CITY-ST-ZIP                | MIAMI FL                            | CITY-ST-ZIP   | MIAMI FL   |

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]* **FABIAN WISNIACKI VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)