2001 UNIFORM BUSINESS'REPORT (UBR)

DOCUMENT # H98127

B S N INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1017 N.UNIVERSITY DR.

200 TORCHWOOD AVE

LAUDERHILL FL 33351-5786

Suite, Apt, #, etc

PLANTATION FL 22224

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

City & State Sunny

Sty & State **SON NY**

4. FEI Number

59-2710610

Applied For Not Applicable

Migmilade

5. Certificate of Status Desired - - -

\$8.75 Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIGER

-BILIA, SARAH

- 380 TORCHWOOD AVE.

-PLANTATION-FL 33324

nging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the

SIGNATURE

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, 2001 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00 TITLE Delete TITLE NAME NAME BILIA: DAVID --STREET ADDRESS STREET ADDRESS 380-TORCHWOOD-AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition TITLE TITLE NAME NAME Bilia, Sarah- STREET ADDRESS STREET ADDRESS 389 TORCHWOOD AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION: FL ☐ Addition TITLE TITLE ☐ Delete ie Steice NAME STEIGER, ARIE NAME STREET ADDRESS STREET ADDRESS 262 ATLANTIC AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33160** Delete TITLE TITLE GIDEON DIER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS

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 appowered 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR NTRO NAME OF SIGNING OFFICER OR DIRECTOR