

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 676954

1. Entity Name

BAC INTERNATIONAL CREDIT CORPORATION

Principal Place of Business

848 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131
US

Mailing Address

848 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131
US

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 59-2128329

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERLEY, DAVID R
1428 BRICKELL AVENUE
SUITE 202
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 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

11. OFFICERS AND DIRECTORS

TITLE DS
NAME GUTIERREZ, RENALDY
STREET ADDRESS 848 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE CCEO
NAME PELLAS, ALFREDO F JR.
STREET ADDRESS 848 BRICKELL AVE PH
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DPT
NAME LEON, JOSE L
STREET ADDRESS 848 BRICKELL AVE., PH
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE DAS
NAME DEBAYLE, LEON
STREET ADDRESS 848 BRICKELL AVE., PH
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D
NAME CUTHBERTSON, BRUCE
STREET ADDRESS 848 BRICKELL AVE., PH
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91068 001 ***150.00

05-03-2001 91068 002 *****8.75



DO NOT WRITE IN THIS SPACE

69301

CR2E034 (10/00)

0152483

4-17-01 (305) 375-0500