

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90265 030 ***158.75

DOCUMENT # P00000062047

1. Entity Name

BACATA INTERNATIONAL, INC.

Principal Place of Business

1790 W. 49th St.
 Suite 305-6
 Hialeah, Florida
 33012

Mailing Address

1790 W. 49th Street
 Suite 305-6
 Hialeah, Florida
 33012

2. Principal Place of Business

1790 W. 49th ST.

3. Mailing Address

1790 W. 49th ST.

Suite, Apt. #, etc.

305-6

Suite, Apt. #, etc.

305-6

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

6. Name and Address of Current Registered Agent

ACOSTA, EDUARDO
 6144 Forest Hill Garden # 203
 West Palm Beach, FL. 33415-6266

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 P
 NAME Acosta, Eduardo
 STREET ADDRESS 6144 Forest Hill Garden #203
 CITY-ST-ZIP W. Palm Beach, FL. 33415-6266

☐ Delete

TITLE VPDS
 NAME QUEVEDO CASTILLO, NELLY
 STREET ADDRESS 6144 Forest Hill Garden # 203
 CITY-ST-ZIP W. Palm Beach, FL. 33415-6266

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 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

04-22-2001

Date

Daytime Phone #

CR2E034 (11/00)