

FILED
May 30, 2001 8:00 am
Secretary of State

05-04-2001 90166 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114234

1. Entry Name

BAS (USA) INC. ✓

Principal Place of Business

Mailing Address

1717 N. Bayshore Dr., Apt. 2057
Miami, FL 33132

2. Principal Place of Business

3. Mailing Address

501 Brickell Key Drive

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite 400

City & State

City & State

Miami, Florida

4. FEI Number

05-160947

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Eduardo Fernandez
501 Brickell Key Drive, Suite 400
Miami, FL 33131

Name

NS Corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Dr., Suite 400

City

Miami

FL

Zip Code

33131

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

HUGO GERHARTS

APRIL 19TH 2001

Signature, typed or printed name of registered agent and fee 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)

FILED WITH FEES \$150.00
After May 1, 2001, Fee will be \$80.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D PRESIDENT
NAME: HUGO GERHARTS
STREET ADDRESS: 1717 N. BAYSHORE DR. - SUITE 2056
CITY-ST-ZIP: MIAMI, FL. 33132

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: SECRETARY
NAME: LAURENCE DANIEL GERHARTS
STREET ADDRESS: 1717 N. BAYSHORE DR. - SUITE 2056
CITY-ST-ZIP: MIAMI, FL. 33132

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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.

SIGNATURE:

HUGO GERHARTS

APRIL 19TH 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #