

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90214 043 \*\*\*150.00

**DOCUMENT # P00000114234**

**1. Entity Name**  
**BAS (USA), INC.**

**Principal Place of Business**  
 1717 NORTH BAYSHORE DRIVE APT 2057  
 MIAMI FL 33132

**Mailing Address**  
 501 BRICKELL KEY DRIVE  
 SUITE 400  
 MIAMI FL 33131

**2. Principal Place of Business**  
 1717 North Bayshore Drive

**3. Mailing Address**

Suite, Apt. #, etc.  
 2056

Suite, Apt. #, etc.

City & State  
 Miami, Florida

City & State

Zip  
 33132

Country  
 USA

Zip Country

**4. FEI Number** 65-1060947

Applied For  
 Not Applicable

**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**

**NS CORPORATE SERVICES INC**  
**501 BRICKELL KEY DR**  
**SUITE 400**  
**MIAMI FL 33131**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** GERHARTS, HUGO  
**STREET ADDRESS** 1717 N BAYSHORE DR SUITE 2056  
**CITY-ST-ZIP** MIAMI FL 33132

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S ☐ Delete  
**NAME** GERHARTS, LAURENCE D  
**STREET ADDRESS** 1717 N BAYSHORE DR SUITE 2056  
**CITY-ST-ZIP** MIAMI FL 33132

☐ Change ☐ Addition  
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**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**

Date Daytime Phone #

CR2E034 (9/01)