

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

4. FEI Number 65-1060947

Applied For
Not Applicable

Zip 33132 Country USA

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with columns for Title, Name, Street Address, City-ST-ZIP for officers and directors. Includes entries for PD GERHARTS, HUGO and S GERHARTS, LAURENCE D.

Table with columns for Title, Name, Street Address, City-ST-ZIP for additions/changes to officers and directors.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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