2002 UNIFORM BUSINESS REPORT (UBR)

P01000036248

1. Entity Name

MIAMI FL 33180

BACHU INTERNATIONAL CORPORATION

	_	
Principal	Place of	Business

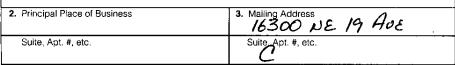
DOCUMENT #

19632 E. COUNTRY CLUB DRIVE

Mailing Address

19632 E. COUNTRY CLUB DRIVE

MIAMI FL 33180





DO NOT WRITE IN THIS SPACE

City & State Zip 33162

Country

Applied For

Not Applicable \$8.75 Additional

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

ROZENTAL, CLAUDIO

19632 E. COUNTRY CLUB DRIVE

MIAMI FL 33180

FERNANDO SILVA

Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVENUE

Suite C

City NORTH MIANI BEACH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

8. The above narged entity submits this s

anging its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIF

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

11.

TITLE

NAME

TITLE

NAME

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS

19632 E. COUNTRY CLUB DRIVE

ROZENTAL, CLAUDIO

MIAMI FL 33180

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

12.

TITLE

NAME

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

☐ Delete STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP ☐ Delete NAME

STREET ADDRESS CITY-ST-ZIP ☐ Delete

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS Change Addition

☐ Change

Change

☐ Change ☐ Addition

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 trusted 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 a 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 trusted 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 a 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 trusted 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 a supplemental report is required by Chapter 607, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

REQUIRED

Date

Daytime Phone #

(9/01)CR2E034

Addition

☐ Addition