

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90192 049 \*\*\*150.00

**DOCUMENT # P01000036248**

**1. Entity Name**  
**BACHU INTERNATIONAL CORPORATION**

**Principal Place of Business**  
**19632 E. COUNTRY CLUB DRIVE**  
**MIAMI FL 33180**

**Mailing Address**  
**19632 E. COUNTRY CLUB DRIVE**  
**MIAMI FL 33180**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**16300 NE 19 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**North Miami Bch FL**

**4. FEI Number**

**65-1114667**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33162**

**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**

**ROZENTAL, CLAUDIO**  
**19632 E. COUNTRY CLUB DRIVE**  
**MIAMI FL 33180**

Name

**FERNANDO SILVA**

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

**16300 NE 19 AVENUE**

**SUITE C**

City

**NORTH MIAMI BEACH**

FL

Zip Code

**33162**

**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

**1/23/02**

**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**

TITLE	<input type="checkbox"/> Delete
NAME	<b>D ROZENTAL, CLAUDIO</b>
STREET ADDRESS	<b>19632 E. COUNTRY CLUB DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33180</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)