

# 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**

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>19632 E. COUNTRY CLUB DRIVE<br>MIAMI FL 33180 | <b>Mailing Address</b><br>19632 E. COUNTRY CLUB DRIVE<br>MIAMI FL 33180 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| <b>2. Principal Place of Business</b> |  | <b>3. Mailing Address</b><br>16300 NE 19 AVE |  |
| Suite, Apt. #, etc.                   |  | Suite, Apt. #, etc.<br>C                     |  |
| City & State                          |  | City & State<br>North Miami Bch FL           |  |

|                                    |  |
|------------------------------------|--|
| <b>4. FEI Number</b><br>65-1114667 | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33162 | Country | Zip<br>33162 | Country |
|--------------|---------|--------------|---------|

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

**6. Name and Address of Current Registered Agent**  
**ROZENTAL, CLAUDIO**  
 19632 E. COUNTRY CLUB DRIVE  
 MIAMI FL 33180

**7. Name and Address of New Registered Agent**  
 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]* DATE: **1/23/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 any other person, with all other like empowered.**

**SIGNATURE:** *[Signature]* **REQUIRED**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)