

2003  
2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90376 047 \*\*\*150.00

DOCUMENT # PD1000036248

1. Entity Name BACHU INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address  
19632 E. Country Club Dr. 16300 NE 19 AVE.  
Miami FL 33180 SUITE C  
N. Miami Beach FL  
33162


2. Principal Place of Business 3. Mailing Address  
16300 NE 19 AVE  
 Suite, Apt. #, etc. C  
 Suite, Apt. #, etc.

City & State City & State  
N. Miami Beach FL  
 Zip Country Zip Country  
33162

4. FEI Number 65-1114667 Applied For  Not Applicable

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

11030004

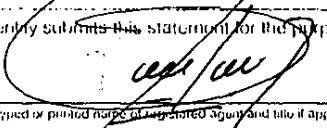


DO NOT WRITE IN THIS SPACE

6- Name and Address of Current Registered Agent  
FERNANDO SILVA  
16300 NE 19 AVE SUITE C  
N. Miami Beach FL 33162

7- Name and Address of New Registered Agent  
 Name FERNANDO SILVA  
 Street Address (P.O. Box Number is Not Acceptable) 16300 NE 19 AVE  
SUITE C  
 City N. 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:  DATE: 04/30/03

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 \$550.00**  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	<u>PD</u>	<input type="checkbox"/> Delete
NAME	<u>Rozental Claudio</u>	
STREET ADDRESS	<u>19632 E. Country Club Dr.</u>	
CITY-ST-ZIP	<u>Miami FL 33180</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>PD</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	<u>Rozental Claudio</u>	
STREET ADDRESS	<u>19632 E. Country Club Dr.</u>	
CITY-ST-ZIP	<u>Miami FL 33180</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit.
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:  DATE: 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR