


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90395 022 ***150.00

DOCUMENT # *P01000053875*

1. Entity Name
BISU, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>321 N. UNIVERSITY DR.</i>		3. Mailing Address <i>321 N. UNIVERSITY DR.</i>	
Suite, Apt. #, etc. <i># 34A</i>		Suite, Apt. #, etc. <i># 34A</i>	
City & State <i>Plantation FL</i>		City & State <i>Plantation FL</i>	
Zip <i>33324</i>	Country <i>USA</i>	Zip <i>33324</i>	Country <i>USA</i>

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4. FEI Number <i>65-111137</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name *DONNA PEMBERTON*

Street Address (P.O. Box Number is Not Acceptable)
2740 SOMERSET DR. # 214

City *LAUDERDALE LAKES* FL Zip Code *33311*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when rotating) _____ DATE _____

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <i>PDS</i>	NAME <i>DONNA PEMBERTON</i>	TITLE	
STREET ADDRESS <i>2740 SOMERSET DRIVE # 214</i>	CITY-ST-ZIP <i>LAUDERDALE</i>	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Pemberton* *7-17-03*

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

CR2E034B (12/02)