

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90035 020 \*\*\*150.00

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**DOCUMENT # P01000073953**

1. Entity Name  
**BUENOS AIRES FACTORING CORPORATION**

|   |   |
|---|---|
| Principal Place of Business<br><b>C/O ROTH, ROUSSO &amp; DARRACH, P.A.<br/>         3440 HOLLYWOOD BLVD., SUITE 360<br/>         HOLLYWOOD FL 33021</b> | Mailing Address<br><b>C/O ROTH, ROUSSO &amp; DARRACH, P.A.<br/>         3440 HOLLYWOOD BLVD., SUITE 360<br/>         HOLLYWOOD FL 33021</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                               |  |
|--------------------------------|---------|---------------------|---------|---|--|-------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-1128132</b>   |  | Applied For<br>Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |                               |  |
| City & State                   |         | City & State        |         |   |  |                               |  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                               |  |

**6. Name and Address of Current Registered Agent**

**ROTH, LEONARDO A ESQ.**  
**C/O ROTH, ROUSSO & DARRACH, P.A.**  
**3440 HOLLYWOOD BLVD., SUITE 360**  
**HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Leonardo A. Roth* **LEONARDO A. ROTH** **3/4/02**  
Signature of person in printed name or registered agent and user is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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>PST<br/>LIENHARD, ERIC<br/>RECONQUISTA 1166, 10TH FLOOR (C1003ABX)<br/>BUENOS AIRES ARGENTINA</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>LIENHARD, ERIC<br/>RECONQUISTA 1166, 10TH FLOOR (C1003ABX)<br/>BUENOS AIRES ARGENTINA</b> <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 an address, with all other like empowered.

SIGNATURE: *Eric Lienhard* **LIENHARD, ERIC, President** **3/4/02** **954-322-4290**

CR2E034 (9/01)

ATTACH DOC# P010000073953

ROTH, ROUSSO & DARRACH, P.A.

ATTORNEYS AT LAW

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March 4, 2002

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: BUENOS AIRES FACTORING CORPORATION

Dear Sir/Madam:

Enclosed please find the duly executed "2002 Uniform Business Report" for the above referenced corporation, along with a check in the sum of \$150.00 to cover the filing fee of the same.

If you have any questions, please feel free to contact this office.

Thank you for your attention to this matter.

Very Truly Yours,

ROTH, ROUSSO & DARRACH, P.A.



LEONARDO A. ROTH  
LAR: ga