## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000090045

Entity Name: BASKAL CORP.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	E CIRCLE SOI NVILLE, FL 322			
Current Mailing Address:			New Mailing Address	5:
PO BOX 3 CHAMPLA	3491 AIN, NY 12919			
FEI Number	r: 59-3743390	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:
2346 JOS JACKSON The above	SARAH S E CIRCLE SOUNVILLE, FL 322 e named entity te of Florida.	217 US	purpose of changing its registered	d office or registered agent, or both,
SIGNATU				
0.0.0		nic Signature of Registered Ag	ent	Date
Election Ca	mnaign Einancin	a Trust Fund Contribution ( )		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( KHALIFA, ALE; PO BOX 3491 CHAMPLAIN, N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DV ( SCALIA, JOES PO BOX 3491 CHAMPLAIN, N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	KHALIFA, DAV 475 CURZON	) Delete ID N	Title: Name: Address:	() Change () Addition
		PQ J4P2V6 CA	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER KHALIFA DP 04/30/2003