

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90410 004 \*\*\*150.00

0290477 AV

**DOCUMENT # P01000114465**

1. Entity Name  
**BARSAM INTERNATIONAL, INC.**



Principal Place of Business  
**201 ALHAMBRA CIRCLE  
SUTIE 711  
CORAL GABLES FL 33134**

Mailing Address  
**201 ALHAMBRA CIRCLE  
SUTIE 711  
CORAL GABLES FL 33134**



2. Principal Place of Business

**7902 NW 36 St #**

3. Mailing Address

**7902 NW 36 Street**

Suite, Apt. #, etc.

**# 212**

Suite, Apt. #, etc.

**# 212**

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**60-0000548**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE  
SUTIE 711  
CORAL GABLES FL 33134**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DELGADO DE BARRERO, LUCY CARMENZA</b>	
STREET ADDRESS	<b>8687 SW 137TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BARRERO DE VIAFARA, LILIA E</b>	
STREET ADDRESS	<b>8687 SW 137TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucy Carmenza Delgado de Barrero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/02)