

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90118 027 ***150.00

DOCUMENT # P95000081274

1. Entity Name

B & A INT'L CORP.

Principal Place of Business

Mailing Address

~~10689 N KENDALL DR~~
~~SUITE 319~~
~~MIAMI FL 33176~~
~~US~~

~~10689 N KENDALL DR~~
~~SUITE 319~~
~~MIAMI FL 33176-1525~~
~~US~~

2. Principal Place of Business

3721 SW 133rd Place

3. Mailing Address

3721 SW 133rd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

4. FEI Number

65-0617432

Applied For

Not Applicable

Zip

Country

33175

USA

Zip

Country

33175

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE ALMEIDA, MARIA E
10689 N KENDALL DRIVE
SUITE 319
MIAMI FL 33176

3721 SW 133rd Place
Miami - FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

3721 SW 133rd Place

City

Miami

FL

Zip Code

33175

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

Signature, typed or printed name of registered agent and title if 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JUNIOR, ALBERTO D**
STREET ADDRESS **3721 SW 133RD PLACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DE ALMEIDA, MARIA E.**
STREET ADDRESS **3721 SW 133RD PLACE**
CITY-ST-ZIP **MIAMI FL 33-3175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

MARIA ELIZABETH DE ALMEIDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00
Date

(305) 553-2211
Daytime Phone #

CR2E034 (9/99)