

# 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 33176-1625  
 US~~

2. Principal Place of Business

3. Mailing Address

**3721 SW 133rd Place**

**3721 SW 133rd Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami - FL**

**Miami - FL**

4. FEI Number

**65-0617432**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33175 USA**

**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.

**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  Delete  
 NAME **PD 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  Delete  
 NAME **VD 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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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 (305) 553-2211  
 Date Daytime Phone #

**MARIA ELIZABETH DE ALMEIDA**

CR2E034 (9/99)