

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018932
Entity Name

BAMS INTERNATIONAL CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90202 026 ***150.00

Principal Place of Business Mailing Address
8306 MILLS DRIVE # 306 8306 MILLS Dr. #306
MIAMI, FL. 33183 Miami, FL. 33183

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P. O. Box 52-4007
City & State City & State
Zip Country Zip Country
33152-4007 USA

DO NOT WRITE IN THIS SPACE

00073452

4. FEI Number Applied For
65-0858108 Not Applicable
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
BRIONES, Adniana L.
8306 Mills Drive #306
Miami, FL. 33183
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
PP	BRIONES, Adniana L.	P.O. Box 52-4007 Miami, FL. 33152-4007			

3. 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: Adriana L. Briones 04-11-00 (305) 270-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #