

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018932

1. Entity Name

BAMS INTERNATIONAL CORP.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90018 005 ***150.00

Principal Place of Business

8306 MILLS DR
#306
MIAMI FL 33183
US

Mailing Address

8306 MILLS DR
#306
MIAMI FL 33183
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 52-4007

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

4. FEI Number

65-0858108

Applied For

Not Applicable

Zip

Country

Zip

Country

33152-4007

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, ADRIANA L
8306 MILLS DR
#306
MIAMI FL 33183

Name
Adriana L. Farelo

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

8306 Mills Dr. - 306

City Miami

FL

Zip Code
33183

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRIONES, ADRIANA L
P.O. BOX 52-4007
MIAMI FL 33152-4007 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FARELO, Adriana L.
P.O. Box 52-4007
MIAMI, FL. 33152-4007 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-01 (305) 270-0133

Date

Daytime Phone #

CR2E034 (10/00)