

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90099 040 \*\*\*158.75

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**DOCUMENT # P98000039303**



1. Entity Name  
**B C A INTERNATIONAL INC.**

Principal Place of Business  
**1882 BRICKELL AVE**  
5  
**MIAMI FL 33129**

Mailing Address  
**1882 BRICKELL AVE**  
5  
**MIAMI FL 33129**



2. Principal Place of Business  
**1550 BRICKELL AVE**

3. Mailing Address  
**1550 BRICKELL AVE**

Suite, Apt. #, etc.  
**# 304 A**

Suite, Apt. #, etc.  
**# 304 A**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-0858321** Applied For  
Not Applicable

Zip **33129** Country

Zip **33129** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BERTOLERO, ANGELA**  
**1581 BRICKELL AVE #601**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent  
Name **AURELIO A. Piedra**  
Street Address (P.O. Box Number is Not Acceptable)  
**780 N.W. Le Jeune Rd # 516**  
City **MIAMI** FL Zip Code **33126**

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 **2/3/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BERTOLERO, ANGELA 1581 BRICKELL AVE #601 MIAMI FL 33129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BERTOLERO, ANGELA 1550 BRICKELL AVE # 304 A MIAMI FL 33129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BENZAKI, BERNARD 1581 BRICKELL AVE #601 MIAMI FL 33129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BENZAKI, BERNARD 1550 BRICKELL AVE # 304 A MIAMI FL 33129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/9/03** Daytime Phone # **305 858 2580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)