2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900024012

DR.

1. Entity Name

B A INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

1500 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

1215 N. OCEAN

1500 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33304-1432

1715 N. OCTAN

Applied For 4. FEI Number -09068 TLYWOOD Not Applicable OLLYWOOD \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOFFMAN, STEPHEN V Street Address (P.O. Box Number is Not Acceptable) 1500 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33304 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITI F ☐ Delete TITLE FINKELBERG, ROBERTO A FINKELBERG, ROBERTO A NAME NAME 3180 S. OCEAN UR. #203 STREET ADDRESS 545 TIVOLI TRACE STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Addition Change TITLE TITLE □ Delete FINKELBERG, CHRISTIAN R FINKELBERG, CHRISTIAN R NAME NAME 1870 SWITBAY WAY STREET ADDRESS 545 TIVOLI TRACE STREET ADDRESS HOLLYWOOD, FL. 33019 CITY-ST-7IP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frustee 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.

٥K .

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90092 047 ***150.00



DO NOT WRITE IN THIS SPACE

R2E034 (9/99)