

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
 02-09-2001 90116 046 ***150.00

DOCUMENT # S81676 1. Entity Name BEDSON INTERNATIONAL, INC.																																																			
Principal Place of Business 4 MULLEN WAY FALMOUTH MA 33131 US		Mailing Address 4 MULLEN WAY FALMOUTH MA 33131 US																																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																	
City & State		City & State																																																	
Zip	Country	Zip	Country																																																
6. Name and Address of Current Registered Agent SANTALO & CO. 7845 CORAL WAY MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2"> D RATHBONE, JOHN B 4 MULLEN WAY FALMOUTH MA 02540 </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> D ROMANO, OMAR LAB-BEDSON-SA- LA LONJA PILAR BUENOS AIRES AR </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> D COLUSI, ARNALDO DR. LAB. BEDSON S.A. LA LONJA PILAR BUENOS AIRES AR </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Delete <input type="checkbox"/></td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Delete <input type="checkbox"/></td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Delete <input type="checkbox"/></td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Delete <input type="checkbox"/></td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		D RATHBONE, JOHN B 4 MULLEN WAY FALMOUTH MA 02540				D ROMANO, OMAR LAB-BEDSON-SA- LA LONJA PILAR BUENOS AIRES AR				D COLUSI, ARNALDO DR. LAB. BEDSON S.A. LA LONJA PILAR BUENOS AIRES AR				Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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 a veridical address with all other like empowered.																																																			



DO NOT WRITE IN THIS SPACE

620904

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01
Date

508 457 4154
Daytime Phone #