

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # 202184

1. Entity Name

BAL-BRIDGE CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

03-30-2000 90038 020 ***150.00

Principal Place of Business 10240 COLLINS AVE BAL HARBOUR MIAMI BCH FL 33154	Mailing Address 10240 COLLINS AVE BAL HARBOUR MIAMI BCH FL 33154-1431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-0819674	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF P.A.
3111 STIRLING ROAD
POST OFFICE BOX 9057
FT. LAUDERDALE FL 33310-9057

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	V ADAMS, IGNATIUS W PRES <input type="checkbox"/> Delete 10240 COLLINS AVE BAL HARBOUR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, CAROL SECRETREAS <input type="checkbox"/> Delete 10240 COLLINS AVENUE BAL HARBOUR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMRICK, D. KENT VICE PRES <input type="checkbox"/> Delete 10240 COLLINS STE 306 MIAMI FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAUVELT, HAROLD <input type="checkbox"/> Delete 10240 COLLINS AVE. BAL HARBOUR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ignatius W Adams Pres* **IGNATIUS W ADAMS** **HAROLD BLAUVELT** 2/23/00 305-865-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)