

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90103 048 ***163.75

DOCUMENT # H41542

1. Entity Name
BALJET ENVIRONMENTAL, INC.



Principal Place of Business
9400 S. DADELAND BLVD.. #370
MIAMI FL 33156
US

Mailing Address
9400 S. DADELAND BLVD.. #370
MIAMI FL 33156
US

2. Principal Place of Business
9300 S. DADELAND BLVD

3. Mailing Address
9300 S. DADELAND BLVD

Suite, Apt. #, etc.
310

Suite, Apt. #, etc.
310

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33156

Country
USA

Zip
33156

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0011678**

Applied For
Not Applicable

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

LUPINO, JAMES S
90130 OLD HIGHWAY
TAVERNIER FL 33070

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **BALJET, PETER**
STREET ADDRESS **10331 SW 102ND ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **BALJET, IRENE**
STREET ADDRESS **10331 SW 102ND ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18 2003

Date

305-1670-3986
Daytime Phone #

CR2E034 (10/02)