

AMENDED

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
07-14-2002 90049 038 \*\*\*\*61.25  
N96000004788  
02 JUL 16 AM 10:40

UBR001

DOCUMENT # **N96000004788**

1. Entity Name  
**BAL-BRIDGE SOUTH, INC.**

Principal Place of Business      Mailing Address  
**10230 COLLINS AVE  
BAL HARBOUR FL 33154**      **10230 COLLINS AVE  
BAL HARBOUR FL 33154**

2. Principal Place of Business      3. Mailing Address  
**SAME**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SAME**      **SAME**

City & State      City & State  
**SAME**      **SAME**

Zip      Country      Zip      Country

4. FEI Number **59-1563411**      Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HAUSER ESQ, MARC  
1111 KANE CONCOURSE  
SUITE 618  
BAY HARBOUR ISLANDS FL 33154**

7. Name and Address of New Registered Agent  
Name **SAME**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**After September 13, 2002, min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

### 10. OFFICERS AND DIRECTORS

TITLE	<b>POX D</b>	<input type="checkbox"/> Delete
NAME	<b>ALVARO, AMARAL</b>	
STREET ADDRESS	<b>10230 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33154</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>JERVIS, MAUREEN</b>	
STREET ADDRESS	<b>10230 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33154</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERNANDEZ, CELIMO</b>	
STREET ADDRESS	<b>10230 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33154</b>	
TITLE	<b>TD REES, DR. DAVID</b>	<input type="checkbox"/> Delete
NAME	<b>10230 Collins Avenue,</b>	
STREET ADDRESS	<b>MIAMI, FL. 33151</b>	
CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>REES, HELEN</b>	
STREET ADDRESS	<b>10230 Collins Avenue</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANGLETON, PENELOPE</b>	
STREET ADDRESS	<b>10230 Collins Avenue</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33154</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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 617, 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]*      Date 7/3/02      Daytime Phone # \_\_\_\_\_