

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2003 8:00 am
Secretary of State

0008262

DOCUMENT # N96000004788

1. Entity Name

BAL-BRIDGE SOUTH, INC.



07-17-2003 90028 034 ****61.25

Principal Place of Business

**10230 COLLINS AVE
BAL HARBOUR FL 33154**

Mailing Address

**10230 COLLINS AVE
BAL HARBOUR FL 33154**

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 **59-1563411**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUSER ESQ, MARC
1111 KANE CONCOURSE
SUITE 618
BAY HARBOUR ISLANDS FL 33154**

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 \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARO, AMARAL	NAME	
STREET ADDRESS	10230 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERVIS, MAUREEN	NAME	
STREET ADDRESS	10230 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLETON, PENPLOPE	NAME	
STREET ADDRESS	10230 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, DAVID DR	NAME	
STREET ADDRESS	10230 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, HELEN	NAME	
STREET ADDRESS	10230 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: **X MAUREEN JERVIS Secretary 7/14/03 305-861-7100**

CR2E037 (4/03)