

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065427

1. Entity Name

BALAN COMPANY INTERNATIONAL OF FLORIDA

Principal Place of Business

5000 N. OCEAN BLVD., #905
FORT LAUDERDALE FL 33308

Mailing Address

5000 N. OCEAN BLVD., #905
FORT LAUDERDALE FL 33308

2. Principal Place of Business

4900 N OCEAN BLVD

3. Mailing Address

4900 N OCEAN BLVD

Suite, Apt. #, etc.

1411

Suite, Apt. #, etc.

1411

City & State

Fort Lauderdale, FL

City & State

Ft. Lauderdale

Zip

33308

Country

U.S.A

Zip

33308

Country

U.S.A

4. FEI Number

65-0944003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GVINEPADZE, KAKHA
5000 N. OCEAN BLVD., #905
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Gvinepadze, KAKHA

Street Address (P.O. Box Number is Not Acceptable)
4900 N OCEAN BLVD # 1411

City Fort. Lauderdale

FL

Zip Code 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 D ☐ Delete
NAME TODORCHKO, NATALIA
STREET ADDRESS 10/1 LETCH BABUSHKINA ST.
CITY-ST-ZIP MOSCOW, 129344 RUSSIA

TITLE D ☐ Delete
NAME ZHIDKOVA, LIDIA
STREET ADDRESS 38/1-2/MENZHINSKOGO ST.
CITY-ST-ZIP MOSCOW, 129281 RUSSIA

TITLE D ☐ Delete
NAME GVINEPADZE, KAKHA
STREET ADDRESS 5000 N. OCEAN BLVD., #905
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/01 (954)784-7909

02/17/03

CR2E034 (10/00)