

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90390 034 ***150.00

DOCUMENT # V69662

1. Entity Name
KEITH & BALLBE, INC.



Principal Place of Business
 1700 N.W. 64TH STREET
 300
 FORT LAUDERDALE FL 33309
 US

Mailing Address
 1700 N.W. 64TH STREET
 300
 FT. LAUDERDALE FL 33309
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0379064**
 Applied For
 Not Applicable

Zip Country Zip Country

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

ADELE I. STONE, ESQUIRE
1946 TYLER STREET
HOLLYWOOD FL 33020

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **ST KEITH, JONATHAN WAYNE**
 STREET ADDRESS ~~600 CAMELIA ST~~
 CITY-ST-ZIP ~~PLANTATION FL~~

TITLE Change Addition
 NAME **Keith Jonathan Wayne**
 STREET ADDRESS **641 Shore Drive**
 CITY-ST-ZIP **Baynton Beach FL 33345**

TITLE Delete
 NAME **DP BALLBE, CARLOS J.**
 STREET ADDRESS **4200 NE 15TH AVENUE**
 CITY-ST-ZIP ~~ORLAND PARK FL~~

TITLE Change Addition
 NAME **Ballbe, Carlos J.**
 STREET ADDRESS **4200 NE 15th Avenue**
 CITY-ST-ZIP **FL lauderdale FL 33334**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/27/02 *X* 469-9801

CR2E034 (9/01)