

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 202184

1. Entity Name

BAL-BRIDGE CORPORATION

Principal Place of Business

10240 COLLINS AVE BAL HARBOUR
MIAMI BCH FL 33154

Mailing Address

10240 COLLINS AVE BAL HARBOUR
MIAMI BCH FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0819674

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF P.A.
3111 STIRLING ROAD
POST OFFICE BOX 9057
FT. LAUDERDALE FL 33310-9057

7. Name and Address of New Registered Agent

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

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 P
NAME ADAMS, IGNATIUS W
STREET ADDRESS 10240 COLLINS AVE
CITY-ST-ZIP BAL HARBOUR FL ☐ Delete

TITLE ST
NAME ADAMS, CAROL
STREET ADDRESS 10240 COLLINS AVENUE
CITY-ST-ZIP BAL HARBOUR FL ☐ Delete

TITLE V
NAME HAMRICK, D. KENT
STREET ADDRESS 10240 COLLINS STE 306
CITY-ST-ZIP MIAMI FL 33154 *MR HAROLD BEAUVET 10240 Collins Ave Bal Harbor, Fla* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Adams

CAROL ADAMS

SEC 'Y

03/26/01

305 861-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0188454

CR2E034 (10/00)