

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90200 042 ***150.00

DOCUMENT # 300436

1. Entity Name

BALM ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

**2101 HUNTINGTON AVENUE
 SARASOTA FL 34232**

**2101 HUNTINGTON AVENUE
 SARASOTA FL 34232-3525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0957327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAFTEL, SEYMOUR
 2101 HUNTINGTON AVENUE
 SARASOTA FL 34232**

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 _____ (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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	HAFTEL, MARY ANN	
STREET ADDRESS	825 LAPLAYE #123	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAFTEL, ARNOLD	
STREET ADDRESS	168 CARRIAGE CRASSING	
CITY-ST-ZIP	MIDDLETOWN CT	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAFTEL, CARL	
STREET ADDRESS	11 RIVERSIDE DR.	
CITY-ST-ZIP	CROMWELL CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MYERS, JOAN	
STREET ADDRESS	34 MARTHA RD	
CITY-ST-ZIP	ORINDA CA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAFTEL, SEYMOUR	
STREET ADDRESS	2101 HUNTINGTON AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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		
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		

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: *Arnold HafTEL* **ARNOLD HAFTEL** 3/29/00 (860)635-2585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)