

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90147 040 ***150.00

DOCUMENT # 300436

1. Entity Name

BALM ASSOCIATES INCORPORATED



Principal Place of Business

**2101 HUNTINGTON AVENUE
SARASOTA FL 34232**

Mailing Address

**2101 HUNTINGTON AVENUE
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

06-0957327

Applied For

Not Applicable

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

**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. 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 \$150.00.

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VD.**
STREET ADDRESS **HAFTEL, MARY ANN**
CITY-ST-ZIP **825 LAPLAYE #123
SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **94121**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HAFTEL, ARNOLD**
CITY-ST-ZIP **168 CARRIAGE CRASSING
MIDDLETOWN CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **168 CARRIAGE CROSSING**
CITY-ST-ZIP **06457**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HAFTEL, CARL**
CITY-ST-ZIP **11 RIVERSIDE DR.
CROMWELL CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **06416**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MYERS, JOAN**
CITY-ST-ZIP **34 MARTHA RD
ORINDA CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **320 MERCURY WAY**
CITY-ST-ZIP **PLEASANT HILL, CALIF. 94523**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HAFTEL, SEYMOUR**
CITY-ST-ZIP **2101 HUNTINGTON AVE
SARASOTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:

Arnold Haftel
ARNOLD HAFTEL 1/07/03 ((860) 635-2585)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)