

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 440858

1. Entity Name
BALI HAI CORPORATION

Principal Place of Business
**6900 GULF DRIVE NORTH
HOLMES BEACH FL 34217**

Mailing Address
**6900 GULF DRIVE NORTH
HOLMES BEACH FL 34217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1493932**

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

**BOUZIANE, DAVID J.
6900 GULF DRIVE
HOLMES BEACH FL 34217**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BOUZIANE, DAVID**
STREET ADDRESS **6900 GULF DR**
CITY-ST-ZIP **HOLMES BEACH FL**

TITLE **S** ☒ Delete
NAME **BOUZIANE, ADELINE**
STREET ADDRESS **6900 GULF DR**
CITY-ST-ZIP **HOLMES BEACH FL**

TITLE **VP**
NAME **BO**
STREET ADDRESS **690**
CITY-ST-ZIP **HO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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13. I hereby certify indicated on this of the corporate changed, or on

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

ALAN BOUZIANE

2-13-01

941-778-6604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)