

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90061 001 ***150.00

DOCUMENT # 833125

1. Entity Name

BALA INVESTMENTS N.V.

Principal Place of Business

Mailing Address

**C/O CORPORATION COMPANY OF MIAMI
 100 CHOPIN PLAZA, 15TH FLOOR
 MIAMI FL 33131-4332**

**C/O CORPORATION COMPANY OF MIAMI
 100 CHOPIN PLAZA, 15TH FLOOR
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

9095 SW 87 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

777

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33136 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1555612

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

**CORPORATION COMPANY OF MIAMI
 100 CHOPIN PLAZA, 15TH FLOOR
 MIAMI FL 33131**

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, 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	PD	<input type="checkbox"/> Delete
NAME	YOHOROS, MOISES	
STREET ADDRESS	% 201 S BISCAYNE 16TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOHOROS, DAVID M.	
STREET ADDRESS	% 201 S BISCAYNE 16TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOHOROS, RICHARD M.	
STREET ADDRESS	% 201 S BISCAYNE 16TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHEERSKANTOR, LEX	
STREET ADDRESS	PIETERMAAI 23	
CITY-ST-ZIP	CURACAO, NETH, ANTIL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHERMAN, LILLIAN	
STREET ADDRESS	4155 SW 67TH AVE, #101-B	
CITY-ST-ZIP	DAVE 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	
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:

Moises Yohoros 4-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)