

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**  
 04-15-2002 90043 044 \*\*\*150.00

0314275 AV

**DOCUMENT # F01000002351**

**1. Entity Name**  
**BALIZE, INC.**

**Principal Place of Business**  
 6700 N ANDREWS AVE  
 SUITE 401  
 FT LAUDERDALE FL 33309

**Mailing Address**  
 6700 N ANDREWS AVE  
 SUITE 401  
 FT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**95-4805107**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**PREKSTO, PETER W**  
**6700 N ANDREWS AVE**  
**SUITE 401**  
**FT LAUDERDALE FL 33309**

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, 2002 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** **C** ☒ Delete  
**NAME** **ROTNES, JAN AAGE**  
**STREET ADDRESS** **6700 N ANDREWS AVE SUITE 401**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33309**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Katz, Joseph**  
**STREET ADDRESS** **6700 N. Andrews Ave. Suite 401**  
**CITY-ST-ZIP** **Ft. Lauderdale FL 33309**

**TITLE** **D** ☐ Delete  
**NAME** **BLIX, HANS OTHAR**  
**STREET ADDRESS** **6700 N ANDREWS AVE SUITE 401**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33309**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Christiansen, Christian Fredrik**  
**STREET ADDRESS** **6700 N. Andrews Ave. Suite 401**  
**CITY-ST-ZIP** **Ft. Lauderdale FL 33309**

**TITLE** **D** ☒ Delete  
**NAME** **BAKLID, ERIK**  
**STREET ADDRESS** **6700 N ANDREWS AVE SUITE 401**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33309**

**TITLE** ☐ Change ☐ Addition  
**NAME** **PREKSTO, PETER W.**  
**STREET ADDRESS** **6700 N. Andrews Ave Suite 401**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33309**

**TITLE** **PD** ☐ Delete  
**NAME** **PREKSTO, PETER W**  
**STREET ADDRESS** **6700 N ANDREWS AVE SUITE 401**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33309**

**TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **Preksto, Peter W.**  
**STREET ADDRESS** **6700 N. Andrews Ave Suite 401**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33309**

**TITLE** **VD** ☐ Delete  
**NAME** **VIGDOR, RON**  
**STREET ADDRESS** **6700 N ANDREWS AVE SUITE 401**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33309**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **Vigdor, Ron**  
**STREET ADDRESS** **6700 N Andrews Ave Suite 401**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33309**

**TITLE** **ST** ☐ Delete  
**NAME** **DAVERT, DENISE J**  
**STREET ADDRESS** **2772 JOHNSON AVE SUITE 204**  
**CITY-ST-ZIP** **VENTURA CA 93001**

**TITLE** **ST** ☒ Change ☐ Addition  
**NAME** **Davert, Denise J**  
**STREET ADDRESS** **6700 N. Andrews Ave. Ste. 401**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33309**

**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:** *Hans M. Havre, CFC*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/02-2002 954229 8211*  
 Date Daytime Phone #

CR2E034 (9/01)