

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000408

1. Entity Name
BALATE INTERNATIONAL LIMITED, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 028 ***550.00

Principal Place of Business

200 INDUSTRIAL DR BOX 2
ISLAMORADA FL 33036

Mailing Address

200 INDUSTRIAL DR BOX 2
ISLAMORADA FL 33036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0166193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CTR
20 S BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME	OLCHOWIK, DIANE <input type="checkbox"/> Delete
STREET ADDRESS	COMPASS POINT BLVD, 9 BERMUDIANA RD
CITY-ST-ZIP	HAMILTON HM
TITLE NAME	ARAWAK TRUST COMPANY LIMITED <input type="checkbox"/> Delete
STREET ADDRESS	ARAWAK CHAMBERS, RD TOWN, TORTOLA
CITY-ST-ZIP	BRITISH VIRGIN ISLES
TITLE NAME	SHR NOMINEES LTD. <input checked="" type="checkbox"/> Delete
STREET ADDRESS	ARAWAK CHAMBERS, RD TOWN, TORTOLA
CITY-ST-ZIP	BRITISH VIRGIN ISLES
TITLE NAME	GALLIENNE, SARAH-JANE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	COMPASS POINT BLVD, 9 BERMUDIANA RD
CITY-ST-ZIP	HAMILTON HM
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	COY Limited
CITY-ST-ZIP	ARAWAK Chambers, Roadtown, Tortola
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	British Virgin Islands
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	DEBRA Pribyl
CITY-ST-ZIP	200 Industrial Drive, Box 2
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Islamorada, FL 33036
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED
DEBRA Pribyl, Treasurer

9/12/00 (305)664-4708

Date

Daytime Phone #

CR2E034 (5/00)