

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006655

1. Entity Name
BALAIR-CTA LEISURE LTD. COMPANY

Principal Place of Business
9301 NE 6TH AVE. STE C-305
MIAMI FL 33138

Mailing Address
9301 NE 6TH AVE. STE C-305
MIAMI FL 33138

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 98-0177968

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

BOLL, ERIKA
9301 NE 6TH AVE., STE C-305
MIAMI FL 33138

Name E. BOLL
Street Address (P.O. Box Number is Not Acceptable)
BALAIR/CTA
9301 N.E. 6TH AVENUE SUITE C-305
MIAMI, FLORIDA 33138-2855
City MIAMI, FLORIDA 33138-2855 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

Erika Boll

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 HM
NAME LICHENSTEIN, KLAUS CATHERIN
STREET ADDRESS P O BOX 8058
CITY-ST-ZIP ZURICH AIPOIT, SWITZERLAND CO ☐ Delete *STALKER*

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

TITLE AM
NAME SCHOENEGER, BEAT
STREET ADDRESS P O BOX 8058
CITY-ST-ZIP ZURICH AIPOIT, SWITZERLAND CO ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Erika Boll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 20/02

Date

305-751-5708

Daytime Phone #

ERIKA BOLL

2/

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90047 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)