

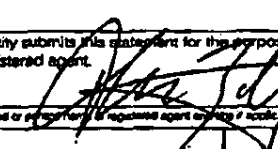
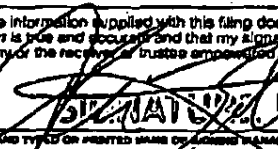
FILED
Apr 14, 2003 8:00 am
Secretary of State

02-17-2003 90004 042 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000026245			
1. Entity Name BALI DEVELOPMENT, LLC			
Principal Place of Business 8001 SW 94TH STREET, SUITE 115 MIAMI FL 33176		Mailing Address 8001 SW 94TH STREET, SUITE 115 MIAMI FL 33176	
2. Principal Place of Business 8220 SW 93 Street		3. Mailing Address 8220 SW 93 street.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33156		Zip 33156	
Country USA		Country USA	
4. FEI Number EDN 04-3716977		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALOS & ASSOCIATES, P.A. 10271 SW 72ND STREET, SUITE 102D MIAMI FL 33173		7. Name and Address of New Registered Agent FRANCESCO BARI Street Address (P.O. Box Number is Not Acceptable) 8220 SW 93 street City Miami FL Zip Code 33156	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2/15/03	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Member/Member Francesco Bari, Consultoria, Inc. 8220 SW 93 St. Miami, FL 33156 (President)		TITLE NAME STREET ADDRESS CITY-ST-ZIP member (1/3) Giorgio Bari 3360 Coral Way, Suite 3 Miami, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Member Giorgio Loini Bari, GLB & Assoc. Inc. 3360 Coral Way, Suite 5 Miami, FL 33145 (Vice President)		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Member Giorgio Bari 3360 Coral Way, Suite 2 Miami, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to file this report as required by Chapter 606, Florida Statutes.			
SIGNATURE 		DATE 2/15/03 (905) 431-6194	