

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30208

1. Entity Name

BATTE, INC.

Principal Place of Business  
1043 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

Mailing Address  
1043 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-5017

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 65-0195676

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

DRUCKMAN, JACK  
3443 SOUTH WEST 53 CT  
FT LAUDERDALE FL 33312

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 NAME STREET ADDRESS CITY-ST-ZIP  
D ☒ Delete  
SANchez, MEDARDO 2519 SEA ISLAND DR.  
16454 N.E. 33RD AVENUE  
N MIAMI BEACH FL FT. LAUDERDALE, FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SANchez, MEDARDO ☐ Change ☐ \*  
2519 SEA ISLAND DR.  
FT. LAUDERDALE, FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D ☒ Delete  
SANchez, OLIVA 2519 SEA ISLAND DR.  
16454 N.E. 33RD AVENUE  
N MIAMI BEACH FL FT. LAUDERDALE, FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SANchez, OLIVA ☐ Change ☐ \*  
2519 SEA ISLAND DR.  
FT. LAUDERDALE, FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ \*

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ \*

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ \*

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ \*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90103 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1-5-2000