2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **N96000004788** BAL-BRIDGE SOUTH, INC. 04-22-2000 90026 004 ****61.25 Mailing Address Principal Place of Business 10230 COLLINS AVE 10230 COLLINS AVE **BAL HARBOUR FL 33154-1410** BAL HARBOUR FL 33154 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1563411 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Marc Hauser, Esq. Street Address (P.O. Box Number is Not Acceptable) 1111 Kane Concourse, Suite 616 EISINGER, DENNIS J 4000 HQLLYWOOD BLVD F1. 33154 Bay Harbour Islands, SUITE 268 SOUTH/ Zip Code HOLLYWOOD FL/33021 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Change ☐ Addition TITLE Delete TITLE PD NAME NAME GLANZ, LEONARD 33154 Jose F. SancheZ STREET ADDRESS STREET ADDRESS 10230 COLLINS AVE 10230 Collins Ave. Bal Harbour. F1 CITY-ST-ZIP CITY-ST-ZIP <u>Bal Harbou</u>r Fl X Change ☐ Addition TITLE PD X Delete TITLE SD NAME ANGLETON, JAMES NAME James Angleton, Sr. 10230 Collins Ave. STREET ADDRESS STREET ADDRESS 10230 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP Bal Harbour, fl. BAL HARBOUR FL X Change Addition TITLE SD X Delete Jose O. Martin ANDRADE, ZOILA NAME 10230 Collins Ave. STREET ADDRESS STREET ADDRESS 10230 COLLINS AVE Bal Harbour, Fl. 33154 CITY-ST-ZIP CITY-ST-ZIP BAL HARBOUR FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Or on an attachment with an address, with all other like empowered.

11/00 (305) ###-5385

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