

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-21-2002 91232 039 ****61.25

DOCUMENT # N96000004788

1. Entity Name

BAL-BRIDGE SOUTH, INC.

Principal Place of Business

Mailing Address

10230 COLLINS AVE
 BAL HARBOUR FL 33154

10230 COLLINS AVE
 BAL HARBOUR FL 33154

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

59-1563411

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

**HAUSER ESQ, MARC
 1111 KANE CONCOURSE
 SUITE 816
 BAY HARBOUR ISLANDS FL 33154**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARO, AMARAL 10230 COLLINS AVENUE MIAMI FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JERVIS, MAUREEN 10230 COLLINS AVENUE MIAMI FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, CELIMO 10230 COLLINS AVENUE MIAMI FL 33154	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENELOPE ANGLETON 10230 COLLINS AVE MIAMI BEACH, FL. 33154 PRESIDENT	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. DAVID REES 10230 COLLINS AVE MIAMI BEACH, FL. 33154 TREASURER	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELEN REES 10230 COLLINS AVE MIAMI, BEACH, FL 33154 VICE PRESIDENT	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PENELOPE ANGLETON 10230 COLLINS AVE MIAMI, FL 33154	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT 10230 COLLINS AVE MIAMI, FL 33154	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 10230 COLLINS AVE MIAMI, FL 33154	☐ 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

12. 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 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.

SIGNATURE:

PENELOPE ANGLETON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2 305-861-7100

CRZE037 (9/01)