

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90151 036 \*\*\*150.00

**DOCUMENT # P00000014367**

1. Entity Name  
**BAL BAY MORTGAGE CORP.**

Principal Place of Business  
**9910 COLLINS AVE PH 14  
BAL HARBOUR FL 33154**

Mailing Address  
**9910 COLLINS AVE PH 14  
BAL HARBOUR FL 33154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1177 KANE Concourse**

3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 107**

Suite, Apt. #, etc.

City & State  
**Bay Harbor Islands**

City & State

4. FEI Number  
**65-0979867**

Applied For  
Not Applicable

Zip  
**33154**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**OLSEN, RICHARD H  
224 BAL BAY DRIVE  
BAL HARBOUR FL 33154**

## 7. Name and Address of New Registered Agent

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

**2.8.02**

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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
OLSEN, JOHN R  
224 BAL BAY DRIVE  
BAL HARBOUR FL 33154**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

**1-8-02 305868-1007**

CR2E034 (9/01)