2001	UNIFOR	RM BUSII	NESS REPO	RT (UBF	?)	4			9x
DOCUMENT # P0000024288 1. Entity Name BALCONY DOOR REPAIR, INC.						F	ILED		6
						OI SEP 2	26 PM 6:	14	
Principal Place 6000 BISCAYN MIAMI FL 331	=		Mailing Address 6000 BISCAYNE BLVD. MIAMI FL 33137			SECRET. TALLAHA	ARY OF STA SSEE, FLOR	ATE RIDA	
2. Principal P	Place of Business		3. Mailing Address	aL					
Suite, Apt.	NE365	Γ	600NE 36 Suite, Apt. #, etc.	<u>• >T</u>		DO NOT W	RITE IN THIS SP	ACE	
City & Stat	Ami, Fl	-	City & State MIAMI, 7	<u> </u>	4	FEI Number 65-09970	OZ	Not	olied For Applicable
3	3137 05	A	33137	USA		Certificate of Status Desired	F	8.75 Addi ee Required	
	6. Name and Ad	dress of Current Re	gistered Agent	Name		Name and Address of New	v Registered Ag	ent -	
MASKIN ALLEN						Box Number is Not Accents	(ble) 7		`
MIAMI FL 33137									
.,,				City	11 AM	יו	FL	331	37
	611.	11. 1		egistered office or	registered :	agent, or both, in the State of	Florida.	las	
	Signature, typed or printed n	name of registered agent and	title if applicable. (NOTE:	Registered Agent signatu	re required whe	n reinstating)	DATE		
9. This corpo	Signature, typed or printed in oration is eligible to sa requirement and elect ria on back)	atisfy its Intangible		FEE IS \$550.0 2001 Fee will be	00 e \$750.00	10. Election Campaign Trust Fund Contribu			May Be to Fees
9. This corporate (See criter) 11.	oration is eligible to sa requirement and elect ria on back)	atisfy its Intangible ts to do so.	FILE NOW!!! After September 12, Make Check Payable	FEE IS \$550.0 2001 Fee will be to Department	00 e \$750.00 t of State	10. Election Campaign	FFICERS AND D	Added	to Fees
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CITY-ST-ZIP

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ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR F

CITY-ST-ZIP

SIGNATURE:

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.

FLORIDA DEPT OF STATE:

To WHOM IT MAY CONCEEN ...

Due to a CHANGE OF ADDRESS, We DID NOT RECEIVE DUE ZOOI UNIFORM BUSINESS REPORT. PLEASE MAKE A NOTE OF OVE NEW ADDRESS. WE ARE SENDING A CHECK FOR \$150.00. UNFORTUNATELY, WE CANNOT PAY THE \$750.00 FEE DUE. IF YOU REVIEW OVE CASE AND CAN DE-INTATE OUR COMPANY FOR THE ORIGINAL AMOUNT DUE OF \$150.00, WE WOULD BE VERY GRATEFUL.

IF YOU DECIDE NOT TO RE-INSTATE OUR COMPANY FOR \$150.00, PLEASE DO NOT CACH THIS CHECK.

IF you have any avestions, Please can me AT (786) 489-5371 or (305) 573-3313

MOST GRATEFULLY YOURS

Acress, HASben Pees