2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POOOO092591 1. Entity Name FILED · 01 OCT -8 AM 9: 11 BALBOA ENTERPRISES, INC. Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 14010 S.W. 56 MANOR SAME FT. LAUDERDALE, FL 33330 2. Principal Place of Business 3. Mailing Address AS ABOVE AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1048858 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHARI B. CAPUTO Street Address (P.O. Box Number is Not Acceptable) 14010 S.W. 56 MANOR FT. LAUDERDALE, FL 33330 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DITLE 8000045428° B-00008 □ Delete TITLE NAME NAME SHARI B. CAPUTO -10/18/01--01069--002 STREET ADDRESS STREET ADDRESS 14010 S.W. 56 MANOR ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33330 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 eath; 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.

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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☐ Delete

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SIGNATURE:

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STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

Addition

W. B. D. Accounting, Inc.

Ro Tal Z

10001 N.W. 50th Street Suite 204 Sunrise, FL 33351

(954) 746-0156 Fax: (954) 746-7690

October 2, 2001

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: BALBOA ENTERPRISES, INC.

FEIN: 65-1048858

Dear Sir/Madam:

Please be advised that we represent the above-referenced client. Our client never received her Uniform Business Report, so her corporation was administratively dissolved on September 21, 2001.

Upon learning of this, she called your office and was told to submit a Uniform Business Report with a \$150.00 fee and a letter requesting a one-time exemption of waiver for reinstatement. To this end, we enclose both a UBR and a check for \$150.00.

We thank you for your attention to this matter and indulgence in this case. If you have any questions, or need additional information, please contact us.

Very truly yours, WBD ACCOUNTING, INC.

David B. Lanter, CPA

DBL:tb

Enclosures

cc: Client

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