

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000115553**
1. Entity Name

Passing Balance, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -7 AM 10:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7300 SW 62nd
Suite, Apt. #, etc.
200

3. Mailing Address
2154 NW 139 Ave
Suite, Apt. #, etc.

900015475969
04/08/03--01072--017 **150.00
DO NOT WRITE IN THIS SPACE

City & State
South Miami, Fla

City & State
Pembroke Pines, Fla

Zip
33143 Country
USA

Zip
33028 Country
USA

4. FEI Number
592388789

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Patricia Forzley

Street Address (P.O. Box Number is Not Acceptable)
2154 NW 139 Ave

Pembroke Pines

City
Fla **FL** Zip Code
33028

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Patricia Forzley** DATE **4/17/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Patricia K Forzley President 2154 NW 139 Ave 33028 Pembroke Pines, Fla
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Forzley** Date **4/17/03** Daytime Phone # **914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)