

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90465 016 ***150.00

DOCUMENT # P00000117113

1. Entity Name
 BALI TECH INC.

Principal Place of Business: 2400 Biscayne Blvd. Miami, Fl. 33137
 Mailing Address: 2400 Biscayne Blvd. Miami, Fl. 33137

660135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2400 Biscayne Blvd.
 3. Mailing Address: 2400 Biscayne Blvd.

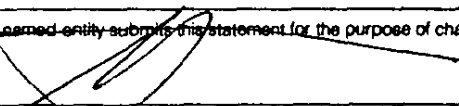
City & State: Miami, Florida
 Zip: 33137 Country: Miami-Dade
 City & State: Miami, Fla.
 Zip: 33137 Country: Miami-Dade

4. FEI Number Applied for 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
 Name: Gordon WATT
 Street Address (P.O. Box Number is Not Acceptable):
 4500 LeJeune Rd.
 City: Coral Gables FL Zip Code: 33146

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:  DATE: _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!!
After MAY 1, 2001 Fee will be \$850.00
Make Check Payable to Department of State

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

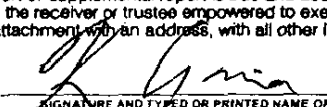
11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Borbol
STREET ADDRESS	2400 Biscayne Blvd.
CITY - ST - ZIP	Miami, Fla. 33137
TITLE Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN Garcia
STREET ADDRESS	2400 Biscayne Blvd.
CITY - ST - ZIP	Miami, Fl. 33137
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  KAREN GARCIA 5-17-2001 DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)