

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90866 031 ***150.00

DOCUMENT # P01000005962

1. Entity Name
BAL HARBOUR REAL ESTATE, INC.

Principal Place of Business
9553 HARDING AVE. STE 304
SURFSIDE FL 33154

Mailing Address
9553 HARDING AVE. STE 304
SURFSIDE FL 33154



2. Principal Place of Business
9553, Harding Ave

3. Mailing Address
9553, Harding Ave.

Suite, Apt. #, etc.
304

Suite, Apt. #, etc.
304

City & State
Surfside FLORIDA

City & State
Surfside FLORIDA

4. FEI Number
65 - 106 9702

Applied For
☐ Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

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

BAYLEY, FERNANDO
9553 HARDING AVE, STE 304
SURFSIDE FL 33154

RUBINO, BARBARA A.
 Street Address (P.O. Box Number is Not Acceptable)
10275, COLLINS AVE # 703

City **Bal Harbour** FL Zip Code **33154**

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 *Barbara A. Rubino*
 Signature, typed or printed name of registered agent and title if applicable.

March 25, 2002
 DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
 NAME **BAYLEY, FERNANDO**
 STREET ADDRESS **8826 EMERSON AVE**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DP** ☒ Change ☐ Addition
 NAME **BAYLEY, FERNANDO**
 STREET ADDRESS **8826, Collins Ave #205**
 CITY-ST-ZIP **Surfside FL 33154**

TITLE **DVT** ☐ Delete
 NAME **CHELLE, ELIA**
 STREET ADDRESS **8826 EMERSON AVE**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DV** ☒ Change ☐ Addition
 NAME **CHELLE, ELIA**
 STREET ADDRESS **8826, Collins Ave #205**
 CITY-ST-ZIP **Surfside, FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
 NAME **RUBINO, BARBARA A.**
 STREET ADDRESS **10275, COLLINS AVE # 703**
 CITY-ST-ZIP **Bal Harbour FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.25.02. **305.868.7292.**
 Date Daytime Phone #

CR2E034 (9/01)