

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90059 009 ***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
Suite, Apt. #, etc.
Ste. # 304

3. Mailing Address
9553, Harding Ave
Suite, Apt. #, etc.
Ste. # 304

City & State
SURFSIDE FL

City & State
SURFSIDE FL

Zip Country
33154 DADE

Zip Country
33154 DADE

4. FEI Number **65-1069702**

☒ Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RUBINO, BARBARA A
10275 COLLINS AVE
#703
BAL HARBOUR FL 33154**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **BAYLEY, FERNANDO**
STREET ADDRESS **8888 COLLINS AVE #205**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DVT** ☐ Delete
NAME **CHELLE, ELIA**
STREET ADDRESS **8888 COLLINS AVE #205**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DS** ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **BAYLEY, FERNANDO**
STREET ADDRESS **16900, N BAY RD #1908**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DVT** ☒ Change ☐ Addition
NAME **CHELLE, ELIA**
STREET ADDRESS **16900, N BAY RD #1908**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DS** ☒ Change ☐ Addition
NAME **RUBINO, BARBARA A**
STREET ADDRESS **10275, COLLINS AVE #727**
CITY-ST-ZIP **BAL**

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.03 305-868-7292

Date

Daytime Phone #

CR2E034 (10/02)