

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000046850**

1. Entity Name

**BALLADARES ENTERPRISES, INC.**

FILED

02 NOV 22 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**200009167322**  
11/22/02--01039--002 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6955 NW 77 AVE.**

3. Mailing Address

**6955 NW 77 AVE.**

Suite, Apt. #, etc.

**306**

Suite, Apt. #, etc.

**306**

City & State

**MIAMI FL**

City & State

**FL**

Zip

**33166**

Country

**U.S.**

Zip

**33166**

Country

**U.S.**

4. FEI Number

**04-3591005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**BRAD ALEXANDER**

Street Address (P.O. Box Number is Not Acceptable)

**155 S. MIAMI AVE. PH1**

City

**MIAMI FL 33130**

**FL**

Zip Code

**33130**

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

*Brad Alexander*

**BRAD ALEXANDER**

**11/14/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JULIO A. BALLADARES</b> <b>6955 NW 77 AVE. #306</b> <b>MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>XAVIER E. BALLADARES</b> <b>6955 NW 77 AVE. #306</b> <b>MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>NORMA M. BALLADARES</b> <b>6955 NW 77 AVE. #306</b> <b>MIAMI FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

*Xavier Balladares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/14/02 (305) 2051488**

CR2E034B (12/01)



6955 NW 77 Ave Suite 306 Miami FL 33166  
Phone: (305) 805-1488 Fax: (305) 805-1483  
E-Mail: balla274@bellsouth.net

November 18, 2002

Div. of Corporations  
POB 1500  
Tallahassee FL 32302-1500

Re: Balladares Enterprises, Inc.  
Uniform Business Report  
Late Filing

Dear Sir or Madam:

Due to a move from 5660 NW 79 Ave., Miami FL to 6955 NW 77 Ave. #306, Miami FL, we did not receive the Uniform Business report. (please see attached copies of occupational licenses)

We only learned of the missing correspondence by a telephonic check with Tallahassee, revealing the dissolved status. (Inc. formed 5/10/02)

Please accept this late filed due to the above.

XAVIER BALLADARES