

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90522 049 ***150.00

DOCUMENT # P01000058262

1. Entity Name
BALTARZAR GROUP, INC.



Principal Place of Business
400 S. POINTE DRIVE
SUITE 311
MIAMI BEACH FL 33139

Mailing Address
400 S. POINTE DRIVE
SUITE 311
MIAMI BEACH FL 33139

11018065



2. Principal Place of Business
90 Alton Road.

3. Mailing Address
90 Alton Road

Suite, Apt. #, etc.
Suite 2310

Suite, Apt. #, etc.
2310

City & State
Miami Beach FL

City & State
Miami Beach

☐ CHECK HERE IF MAKING CHANGES

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number **38-3643794**

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

DIAZ, OSVALDO J
7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155

Name **Federico Lore**
Street Address (P.O. Box Number is Not Acceptable) **90 Alton Road # 2310**
City **Miami Beach** **FL** **Zip Code** **33139**

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]* **Federico Lore**

DATE **4/24/2003**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **LORE, PABLO**
STREET ADDRESS **400 S. POINTE DRIVE SUITE 311**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☒ **Change** ☐ **Addition**
TITLE **PTD** ☐ **Delete**
NAME **LORE, PABLO**
STREET ADDRESS **400 S. POINTE DRIVE SUITE 311**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SVD** ☐ **Delete**
NAME **LORE, FEDERIC**
STREET ADDRESS **400 S. POINTE DRIVE SUITE 311**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

☒ **Change** ☐ **Addition**
TITLE **SVD** ☐ **Delete**
NAME **LORE, FEDERIC**
STREET ADDRESS **400 S. POINTE DRIVE SUITE 311**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

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

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

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

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

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

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

☐ **Change** ☐ **Addition**
TITLE ☐ **Delete**
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]* **REQUIRE REQUIRED**

DATE **4/24/2003** **Daytime Phone #** **305 864 7909**

CR2E034 (10/02)