

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000027541

1. Entity Name

BALSA WAREHOUSE, INC.



FILED

03 MAR 11 PM 2:25

TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11410 NW 15TH COURT

3. Mailing Address
11410 NW 15TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FLORIDA

City & State
PEMBROKE PINES, FLORIDA

4. FEI Number 010628517

Applied For
Not Applicable

Zip
33026

Country
US

Zip
33026

Country
US

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KRAMER, JEFFREY S.

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

11410 NW 15TH COURT

City PEMBROKE PINES

FL

Zip Code
33026

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
D/P KRAMER, JEFFREY S.
STREET ADDRESS
11410 NW 15TH COURT
CITY-ST-ZIP
PEMBROKE PINES, FLORIDA 33026

TITLE
NAME
D/V/S/T KRAMER, SYDELLE B.
STREET ADDRESS
11410 NW 15TH COURT
CITY-ST-ZIP
PEMBROKE PINES, FLORIDA 33026

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Kramer, President (954) 815-4717

Date

Daytime Phone #

CR2E034B (12/02)