

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90210 035 \*\*\*150.00

03/19/96 AV

**DOCUMENT # P02000059206**

1. Entity Name

**BALLAST INTERNATIONAL, INC.**



Principal Place of Business

**10504 SW 132 CT.  
MIAMI FL 33186**

Mailing Address

**10504 SW 132 CT.  
MIAMI FL 33186**

2. Principal Place of Business

**7810 SW 54 AV.**

3. Mailing Address

**7810 SW 54 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI - FL**

City & State

**MIAMI - FL**

4. FEI Number

**16 16 35176**

Applied For

Not Applicable

Zip

**33143**

Country

**FLORIDA**

Zip

**33143**

Country

**FLORIDA**

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

**BALLY, ERIC  
10504 SW 132 CT.  
MIAMI FL 33186**

Name **BALLY ERIC**

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

**7810 SW 54 AVE.**

City **MIAMI**

**FL**

Zip Code **33143**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **BALLY, ERIC**  
STREET ADDRESS **10504 SW 132 CT.**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P** ☒ Change ☐ Addition  
NAME **BALLY ERIC**  
STREET ADDRESS **7810 SW 54 AV**  
CITY-ST-ZIP **MIAMI FL 33143**

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  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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

**04/24/2003**

Date

Daytime Phone #

CR2E034 (10/02)