

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027080

1. Entity Name

BAL-CO ENTERPRISES, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90012 035 ***150.00

Principal Place of Business

5736 SOUTH PLUM BAY PARKWAY
TAMARAC FL 33321
US

Mailing Address

5736 SOUTH PLUM BAY PARKWAY
TAMARAC FL 33321-6300
US

2. Principal Place of Business

16855 CRESTVIEW LANE

3. Mailing Address

16855 CRESTVIEW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

65-0397823

Applied For

Not Applicable

Zip

Country

33326

Zip

Country

33326

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

BALIKOS, DANIEL L
5736 S PLUM BAY PKWY
TAMARAC FL 33321

Name

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

16855 CRESTVIEW LANE

City

WESTON

FL

Zip Code

33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME BALIKOS, DANNY
STREET ADDRESS 9080 NW 24TH STREET
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16855 CRESTVIEW LANE
CITY-ST-ZIP WESTON FL 33326

TITLE VS
NAME BALIKOS, SHARI
STREET ADDRESS 9080 NW 24TH STREET
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16855 CRESTVIEW LANE
CITY-ST-ZIP WESTON FL 33326

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00

954-349-4915

CR2E034 (9/99)