

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90192 014 ***150.00

DOCUMENT # P93000068597

1. Entity Name
BAL-ROD ENTERPRISES, INC.



Principal Place of Business
**6840 S.W. 145 TERRACE
MIAMI FL 33158
US**

Mailing Address
**6840 S.W. 145 TERRACE
MIAMI FL 33158
US**

30010437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0448424**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDMAN, MARC L
9980 SOUTHWEST 83RD AVENUE
MIAMI FL 33156**

Name **ALEX MONTERO CPA**

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

7821 SW 24TH ST #135

City **MIAMI**

FL

Zip **33155**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

**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 **PSD** ☐ Delete
NAME **BALSINDE, SERGIO**
STREET ADDRESS **6840 S.W. 145 TERRACE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VTD** ☐ Delete
NAME **RODRIGUEZ, EDILBERTO**
STREET ADDRESS **7147 NW 71 TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **VPSD** ☒ Change ☐ Addition
NAME **RODRIGUEZ, EDILBERTO**
STREET ADDRESS **7147 NW 71 TERRACE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

1/23/03

Date

7862581625

Daytime Phone #

CR2E034 (10/02)