

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093272

1. Entity Name

BAL HARBOR ENTERPRISES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90121 001 ***476.25

Principal Place of Business

P.O. BOX 527201
MIAMI FL 33152
US

Mailing Address

P.O. BOX 527201
MIAMI FL 33152-7201
US

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

65-0551161

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIJAQOI CLAUDE
3000 ISLAND BLVD #2405
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name HKEEF Registered Agent Corp.
Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive
Suite 600
City Miami FL Zip Code 33133

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

Arthur J. Furia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BIJAQOI, CLAUDE	
STREET ADDRESS	3000 ISLAND BLVD. #2405	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURIA, ARTHUR J	
STREET ADDRESS	2601 S. BAYSHORE DR. #600	
CITY-ST-ZIP	MIAMI FL	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	LIOT, ANNICK	
STREET ADDRESS	3000 ISLAND BLVD-#2405	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE Bijaoui 03/22/00

Date

Daytime Phone #

CR2E034 (9/99)