

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90033 012 ***158.75

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DOCUMENT # P94000093272

1. Entity Name
BAL HARBOR ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 527201
 MIAMI FL 33152
 US

Mailing Address

P.O. BOX 527201
 MIAMI FL 33152
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9700 Collins Avenue

Suite, Apt. #, etc.

131

City & State

Bal Harbour, FL

Zip

33154

Country

USA

3. Mailing Address

1045 Kane Concourse

Suite, Apt. #, etc.

Suite # 207-208

City & State

BAY HARBOR, FL

Zip

FL 33154

Country

USA

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

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR. STE#600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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** ☐ Delete
 NAME **BIJAOU, CLAUDE**
 STREET ADDRESS **3000 ISLAND BLVD. #2405**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **D** ☐ Delete
 NAME **FURIA, ARTHUR J**
 STREET ADDRESS **2601 S. BAYSHORE DR. #600**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DSVP** ☐ Delete
 NAME **LIOT, ANNICK**
 STREET ADDRESS **3000 ISLAND BLVD-#2405**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/23/02 **(305) 9931400**

CR2E034 (9/01)