## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000031247 Feb 04, 2000 8:00 am 1. Entity Name J. BALBIER AND ASSOCIATES, INC. **Secretary of State** 02-04-2000 90071 041 \*\*\*150.00 Mailing Address Principal Place of Business 5420 NW. 122 DR 5420 NW. 122 DR CORAL SPGS FL 33076-3628 CORAL SPGS FL 33076 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0591438 Not Applicable \$8.75 Additional Country Country 5, Certificate of Status Desired Fee Required ---7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name BALBIER, JAMIE Street Address (P.O. Box Number is Not Acceptable) 5420 NW. 122 DR CORAL SPGS FL 33076 City Zip Code Fl 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE J. Balbier JAMIE BALBLER NAME BALBIER, JAMIE NAME 5420 NW 122nd Dr. 3420 NW 122 DR MEN DRE STREET ADDRESS 7163 N.W. 49TH PLACE Coral Springs, FL 33076-3628 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE Delete TITLE SHĚILA BALBIER NAME NAME STREET ADDRESS STREET ADDRESS 5420 NW122 DA CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 algorithm with an address, with all other like empowered.

SIGNATURE:

NTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

(954) 796-3334

Daytime Phone #

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