FILED
Jun 27, 2002 8:00 am
Secretary of State
05-10-2002 90055 024 ***150.00

[redacted]

95354

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006184

1. Entity Name

BALMOR, INC.

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2. Principal Place of Business		3. Mailing Address	
2607 Collins Ave.		8550 W Flagler ST	
Suite, Apt. #, etc		Suite, Apt. #, etc. 119	
City & State MIAMI BEACH, FL		City & State MIAMI, FL	
Zip 33140	Country USA	Zip 33144	Country USA

4. FEI Number 65-0602255 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name RAMON CARVAJAL

Street Address (P.O. Box Number is Not Acceptable) 8550 W Flagler ST #119

City Miami FL Zip Code 33144

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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 X [signature] RAMON CARVAJAL 4/25/02

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/D	TITLE	
NAME	CARVAJAL, RAMON A.	NAME	
STREET ADDRESS	2607 Collins Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] RAMON CARVAJAL 4/25/02 (305)710-4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #