

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

0170474 AV

**DOCUMENT # P95000063364**

1. Entity Name  
**BALBI'S PAINTING, INC.**

02-28-2002 90002 030 \*\*\*150.00

Principal Place of Business: **900 EAST ATLANTIC BLVD., PMB 12-207  
POMPANO BEACH FL 33060**  
Mailing Address: **900 EAST ATLANTIC BLVD., PMB 12-207  
POMPANO BEACH FL 33060**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0607147**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALBI, FRANCISCO C  
3315 SW 1ST CT  
DEERFIELD BEACH FL 33442**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PTD BALBI, FRANCISCO C**  
STREET ADDRESS **3315 SW 1ST CT**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition  
NAME **PTD BALBI, DAISY C.**  
STREET ADDRESS **3315 SW 1ST CT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete  
NAME **VSD BALBI, DAISY C**  
STREET ADDRESS **3315 SW 1ST CT**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition  
NAME **VSD BALBI, FRANCISCO C.**  
STREET ADDRESS **3315 SW 1ST CT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

**02/14/02 (954) 429 0976**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)