

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 96000023173**

1. Entity Name

BALLOWE REPORTING SERVICE, INC.

Principal Place of Business

**ONE FINANCIAL PLAZA
SUITE 2202
FT LAUDERDALE, FL 33394**

Mailing Address

**ONE FINANCIAL PLAZA
SUITE 2202
FT LAUDERDALE, FL 33394**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0649564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

LS

6. Name and Address of Current Registered Agent

**HALL, BETTY J.
172 W. FLAGLER ST
SUITE 325
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **JOSEPH C. MOFFA**
Street Address (P.O. Box Number is Not Acceptable)
**ONE FINANCIAL PLAZA
SUITE 2202**
City **FT LAUDERDALE, FL** Zip Code **33394**

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 fee if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

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

**FILE NOW!!!
After MAY 1, 2001
Make Check Payable
to Department of State**

**FEE IS \$150.00
Fee will be \$550.00
to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HALL, BETTY J. 172 W. FLAGLER ST SUITE 325 MIAMI, FL 33130	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S MOFFA, JOSEPH C., SUITE 2202 ONE FINANCIAL PLAZA, SUITE 2202 FT LAUDERDALE, FL 33394	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOFFA, CATHY ONE FINANCIAL PLAZA, SUITE 2202 FT LAUDERDALE, FL 33394	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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 #

JOSEPH C. MOFFA

5/17/01

954-763-1608

CR2E034 (11/00)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 155630 109928A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 61.25

ORDER DATE : May 18, 2001

ORDER TIME : 11:58 AM

ORDER NO. : 155630-010

CUSTOMER NO: 109928A

CUSTOMER: Joseph C. Moffa, Esq
Law Offices Of Joseph C.
One Financial Plaza, Ste 2202
100 S.e. Third Avenue
Ft. Lauderdale, FL 33301

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 18 PM 12:56
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: BALLOWE REPORTING SERVICE,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____