

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039100

1. Entity Name

BALINE INTERNATIONAL INC.

Principal Place of Business

6070 SW 26 ST  
MIAMI FL 33155  
US

Mailing Address

POST OFFICE BOX 164604  
MIAMI FL 33116

2. Principal Place of Business

5875 SW 46 TERRACE

3. Mailing Address

POST OFFICE BOX 430081

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

S. MIAMI FL

Zip

33155

Country

U.S.

Zip

33243

Country

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, EDUARDO  
501 BRICKELL KEY DRIVE  
STE 400  
MIAMI FL 33131

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, 2001 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 P  
NAME SCHOMBERG BARRAGAN, CAROLINE  
STREET ADDRESS 14321 SW 88 ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE PRESIDENT  
NAME SCHOMBERG BARRAGAN, CAROLINE  
STREET ADDRESS 5875 SW 46 TERRACE  
CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE VP  
NAME BARRAGAN, LEONARD  
STREET ADDRESS 14321 SW 88 ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VP/S  
NAME BARRAGAN LEONARDO  
STREET ADDRESS 5875 SW 46 TERRACE  
CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

*Leonardo Barragan*

LEONARDO BARRAGAN  
V.P.

02/09/01

305-663-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)