

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044169

1. Entity Name

BALLO INTERNATIONAL CORP.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90026 031 ***150.00

Principal Place of Business

Mailing Address

1800 NW 82 AVE
MIAMI FL 33126

1800 NW 82 AVE
MIAMI FL 33172-5023

11155 NW 33rd St
Miami, FL 33172

11155 NW 33rd St
Miami FL 33172

2. Principal Place of Business

3. Mailing Address

11155 NW 33rd St

11155 NW 33rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI Florida

MIAMI Florida

Zip

Country

Zip

Country

33172 USA

33172 USA

4. FEI Number

65-0668063

Applied For

Not Applicable

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

DOS SANTOS, MARIA S
1800 NW 82 AVE
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

4794 NW 104th Ave

City MIAMI

FL

Zip Code 33178

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, 2000 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 PSTD ☐ Delete
NAME DOS SANTOS, MARIA S
STREET ADDRESS 9804 COSTA DEL SOL BLVD
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DOS SANTOS, PEDRO I
STREET ADDRESS RUA SIMOES MAGRO 155 PARQUE JABAQUARA
CITY-ST-ZIP SAO PAULO SP 04342100 BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/00

Date

(305) 581-9019

Daytime Phone #

CR2E034 (9/99)