

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90038 007 ***150.00

DOCUMENT # *P 96000058344*

1. Entity Name
Batelgeux Corporation

DO NOT WRITE IN THIS SPACE

80051344

2. Principal Place of Business

3. Mailing Address
901 NE 3rd St # 303

Suite, Apt. #, etc.

Suite, Apt. #, etc.
FT Lauderdale, FL

City & State

City & State

4. FEI Number
65-0484941

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip
33301

Country
Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
James A. Reid

Street Address (P.O. Box Number is Not Acceptable)
901 NE 3rd St # 303

City
FT Lauderdale

FL

Zip Code
33301

**DO NOT WRITE
IN THIS SPACE**

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]*

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P James A. Reid 901 NE 3rd St # 303 FT Lauderdale, FL 33301</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* James A. Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

954/522-1534

Telephone #

CR2E034B (12/01)