

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084029

1. Entity Name

BAL HARBOUR GALLERY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90031 036 ***150.00

Principal Place of Business

9700 COLLINS AVENUE #265
BAL HARBOUR FL 33154

Mailing Address

9700 COLLINS AVENUE #265
BAL HARBOUR FL 33154-2200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0702755

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

VASWANI, NIRMAL
9700 COLLINS AVENUE #265
BAL HARBOUR FL 33154

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, 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	P	<input type="checkbox"/> Delete
NAME	VASWANI, NIRMAL	
STREET ADDRESS	907 GARNET CCR	
CITY-ST-ZIP	WESTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VASWANI, ROBIN	
STREET ADDRESS	907 GARNET CR	
CITY-ST-ZIP	WESTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TARRANT, TOD	
STREET ADDRESS	907 GARNET CR	
CITY-ST-ZIP	WESTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESWART, EDWARD H	
STREET ADDRESS	907 GARNET CR	
CITY-ST-ZIP	WESTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIRMAL VASWANI

1/14/00

305-264-5800

Date

Daytime Phone #

CR2E034 (9/99)