

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91412 025 ***150.00

DOCUMENT # P97000019325

1. Entity Name

BAL SURFSIDE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**C/O GERSON PRESTON
666 SEVENTY-FIRST ST.
MIAMI BCH FL 33154
US**

**C/O GERSON PRESTON
666 SEVENTY-FIRST ST.
MIAMI BCH FL 33154
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O AG ASSOCIATES

C/O AG ASSOCIATES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20764 WEST DIXIE HWY

20764 WEST DIXIE HWY

City & State

City & State

AVENTURA FL

AVENTURA FL

Zip

Country

Zip

Country

33175 USA

33175 USA

4. FEI Number

65-0767184

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

**PIOTRKOWSKI, JOEL
317 - 71ST STREET
MIAMI BEACH FL 33141**

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, 2002 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 **PD** ☐ Delete
NAME **BROWN, SAM**
STREET ADDRESS **666 71ST.**
CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☒ Change ☐ Addition
NAME **C/O 20764 WEST DIXIE HWY**
STREET ADDRESS **AVENTURA, FL 33175**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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

Date

Daytime Phone #

CR2E034 (9/01)