

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90128 038 ***150.00

DOCUMENT # P97000101301

1. Entity Name
KEITH & BALLBE' INVESTMENTS, INC.



Principal Place of Business
**1700 NORTHWEST 64TH STREET
SUITE 300
FORT LAUDERDALE FL 33309**

Mailing Address
**1700 NORTHWEST 64TH STREET
SUITE 300
FORT LAUDERDALE FL 33309**

2. Principal Place of Business
2201 West Prospect Road

3. Mailing Address
2201 West Prospect Road

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

Zip Country
33309 Broward

Zip Country
33309 Broward



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0808447**

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

**BALLBE, CARLOS
1700 NORTHWEST 64TH STREET
SUITE 300
FORT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KEITH, JONATHAN WAYNE
641 SHORE DR
BOYTON BCH FL 33345** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
BALLBE, CARLOS JOSE
4200 NE 15TH AVENUE
FORT LAUDERDALE FL 33334** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03 457
4899801

CR2E034 (10/02)