

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025833

1. Entity Name

BALOFF, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90176 022 ***150.00

Principal Place of Business

100 N.E. 3RD AVENUE
SUITE #1100
FT LAUDERDALE FL 33301
US

Mailing Address

100 N.E. 3RD AVENUE
SUITE #1100
FT LAUDERDALE FL 33301-1165
US

2. Principal Place of Business

1535 Three Village Rd
Suite, Apt. #, etc.

3. Mailing Address

1535 Three Village Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0986059

Applied For

Not Applicable

Zip

Country

33326 USA

Zip

Country

33326 USA

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

EMO CORPORATE SERVICES, INC.
100 NE 3RD AVENUE
SUITE #1100
FT LAUDERDALE FL 33301

Name

PATRICK VIVIES CPA PA

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

100 E DANIA BEACH Blvd

SUITE # 202

City

DANIA

FL

Zip Code

33004

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)

3/29/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FEILLET, LOIC 100 NE 3 AVE, STE #1100 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. FEILLET, LOIC 1535 THREE VILLAGE ROAD WESTON, FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BALOFF, Inc.

Villages de France

P.O. Box 266888

04/15/2000

WESTON, FL 33326-6888 (U.S.A.)

CR2E034 (9/99)