

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033158

1. Entity Name

BALMEN SERVICE STATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 PM 12: 50

B0006017



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18590 COLLINS AVE.
N MIAMI BEACH FL 33181

Mailing Address
18590 COLLINS AVE.
N MIAMI BEACH FL 33160-2427

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0840139**

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

MENA, JUAN A JR
9725 N.W. 52ND ST.
UNIT 120
MIAMI FL 33178

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 ☐ Delete
NAME **PD**
STREET ADDRESS **MENA, JUAN A JR**
CITY-ST-ZIP **9725 N.W. 52ND ST. UNIT 120**
MIAMI FL 33178

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MENA, JUAN A**
CITY-ST-ZIP **9725 N.W. 52ND ST. UNIT 120**
MIAMI FL 33178

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

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **BALMORI, JOSE R**
CITY-ST-ZIP **18590 COLLINS AVE.**
N MIAMI BEACH FL 33181

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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

JUAN A MENA 1/15/2000
Date Daytime Phone #

CR2E034 (9/99)