

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90068 010 ***150.00

DOCUMENT # P98000044909

1. Entity Name
BAL BAY LEASING, INC.

Principal Place of Business
**9910 COLLINS AVENUE, PH 14
 BAL HARBOR FL 33154**

Mailing Address
**9910 COLLINS AVENUE, PH 14
 BAL HARBOR FL 33154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLSEN, JOHN R 9910 COLLINS AVENUE, PH 14 BAL HARBOR FL 33154 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *John R Olsen* **SIGNATURE REQUIRED** 1-20-02 3057850127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
10# P9800004/4909
873091

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

September 20, 2002

To Whom It May Concern:

Enclosed please find a letter from the building that I reside at. That location is the mailing address and forwarding address for several corporation that I own. I would Sincereley appreciate it if you could accept the regular payment for the enclosed corporations do to the extenuating circumstances surrounding my filings. I have enclosed copies of my check book plus a letter from my residence. Not only did I send these corporate filing back in January 2002 our maintenance man just found these renewal notices in the elevator shaft last week. Should you need to discuss this with me I may be reached at 305.785.0127.

Thank you in advance for your cooperation.

Sincerely,


John Olsen

Attachment
 # P98 00004909

DATE 1-5-02
 PAY TO Capital 1
 87300
 649

TOTAL	
THIS CHECK	200
OTHER TRANS +/-	
BALANCE	

DEBITS

TAX DEDUCTIBLE MAHLAND Sp# 2
 STYLE:B-02BN CKS:600 DTS:0

DATE 1-5-02
 PAY TO Department of State
 FOR Annual Fee

TOTAL	
THIS CHECK	150
OTHER TRANS +/-	
BALANCE	

DEBITS

TAX DEDUCTIBLE MAHLAND Sp# 2
 STYLE:B-02BN CKS:600 DTS:0

DATE 1-5-02
 PAY TO Dept of State
 FOR City Leasing Corp

TOTAL	
THIS CHECK	152
OTHER TRANS +/-	
BALANCE	

DEBITS

TAX DEDUCTIBLE MAHLAND Sp# 2
 STYLE:B-02BN CKS:600 DTS:0

DATE 1-29-02
 PAY TO Dept of State
 FOR Dal Bay Leasing

TOTAL	
THIS CHECK	150
OTHER TRANS +/-	
BALANCE	

DEBITS

TAX DEDUCTIBLE MAHLAND Sp# 2
 STYLE:B-02BN CKS:600 DTS:0

DATE 1-29-02
 PAY TO US Treasury
 FOR

TOTAL	
THIS CHECK	58
OTHER TRANS +/-	
BALANCE	

DEBITS

TAX DEDUCTIBLE MAHLAND Sp# 2
 STYLE:B-02BN CKS:600 DTS:0

DATE 1-29-02
 PAY TO Dept of State
 FOR US Treasury

TOTAL	
THIS CHECK	1356
OTHER TRANS +/-	17
BALANCE	

DEBITS

TAX DEDUCTIBLE MAHLAND Sp# 2
 STYLE:B-02BN CKS:600 DTS:0

Attachment
DH# 198000044909
873091

Tahoma Apartments Inc.
9910-9916 Collins Avenue
Bal Harbour, FL 33154

Since 1957

August 1, 2002

Mr. John Olsen
9910 Collins Av. PH 14
Bal Harbour, FL 33154

Dear Mr. Olsen,

Please be advised that many residence in the building have been experiencing problems with in coming and out going mail delivery. It is the managements feeling that youths are tampering with the mail in reception area. Until further investigation it is suggested that any out coming mail be deposited outside the building premises. With regards to incoming mail all mail will be held by my self in the management office and can be picked up during normal business hours. Tahoma apartments apologizes for any inconvenience that these irregular circumstance may have caused.

Thank You,


Christobal Sanchez
Building Manager