

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066286

1. Entity Name

FEDERICO BALET, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90211 024 \*\*\*150.00

Principal Place of Business

5325 GEORGIA AVE.  
WEST PALM BEACH FL 33405

Mailing Address

5325 GEORGIA AVE.  
WEST PALM BEACH FL 33405-3551

2. Principal Place of Business

4000 Georgia Ave  
Suite, Apt. #, etc.

3. Mailing Address

4000 Georgia Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

4. FEI Number

65-0855054

Applied For

Not Applicable

Zip

33405

Country

US

Zip

33405

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALET, JEFFREY  
5325 GEORGIA AVE.  
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name JEFFREY Balet

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

4000 Georgia Ave

City West Palm Bch

FL

Zip Code 33405

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

4-6-00

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

TITLE D ☐ Delete  
NAME BALET, JEFFREY  
STREET ADDRESS 5325 GEORGIA AVE.  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00

CR2E034 (9/99)