

FILED

01 SEP 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066286

1. Entity Name

Federico Balei, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 4000 Georgia Avenue

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach FL

Zip County

24 33405 25

3. Mailing Address

4000 Georgia Avenue

26 Suite, Apt. #, etc.

27

City & State

West Palm Beach FL

28 Zip County

33405

4. FEI Number

65-0855054

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

Jeffrey Balei
4000 Georgia Avenue
West Palm Beach, FL 33405

81 Corporate Creations Network Inc.

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

83 941 Fourth Street #200

84 Miami Beach FL 33139

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Jeffrey Balei

9/12/2001

Signature of current registered agent and title of applicable.

(NOTE: Registered Agent signature required when resigning)

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 Director
NAME Jeffrey Balei
STREET ADDRESS 5325 Georgia Avenue
CITY-STATE-ZIP West Palm Beach, FL 33405☐ DELETE1.1 TITLE Director
1.2 NAME Jeffrey Balei
1.3 STREET ADDRESS 4000 Georgia Avenue
1.4 CITY-STATE-ZIP West Palm Beach FL 33405☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/01

(561) 651-7745

Date

Daytime Phone #

202

Florida Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: **Federico Balet, Inc.**

Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.
2. \$150.00 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

By: Jeffrey Balet

Name:

Title:

Date:

Director of Federico Balet, Inc.

9/13/01