

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086532

1. Entity Name

BALLOONS BY DESIGN, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90412 038 \*\*\*150.00

Principal Place of Business

840 SAVANNAH FALLS DR  
WESTON FL 33327

Mailing Address

840 SAVANNAH FALLS DR  
WESTON FL 33327-1715

2. Principal Place of Business

1939 MADEIRA DR  
Suite, Apt. #, etc.

3. Mailing Address

1939 MADEIRA DR  
Suite, Apt. #, etc.

City & State  
WESTON FL

City & State  
WESTON FL

4. FEI Number 65-0869442

Applied For  
Not Applicable

Zip Country  
33327 USA

Zip Country  
33327 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALDOROTY, SUE  
840 SAVANNAH FALLS DR  
WESTON FL 33327

7. Name and Address of New Registered Agent

Name SUE ALDOROTY  
Street Address (P.O. Box Number is Not Acceptable) 1939 MADEIRA DR  
City WESTON FL Zip 33327

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 *Sue Aldoroty* SUE ALDOROTY 4/12/00  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALDOROTY, SUE	
STREET ADDRESS	840 SAVANNAH FALLS DR.	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALDOROTY, BARRY	
STREET ADDRESS	840 SAVANNAH FALLS DR.	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE ALDOROTY	
STREET ADDRESS	1939 MADEIRA DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY ALDOROTY	
STREET ADDRESS	1939 MADEIRA DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sue Aldoroty* SUE ALDOROTY 4/12/00 9543894101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)