FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90036 019 ***150.00

DOCUMENT # P98000096403

1. Entity Name
BALCO CORPORATION. ✓

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
13638 SW 142 Ave	13638 SW 142 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country	Zip: 33186 Country

4. FEI Number: 65-0879121 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VEGA, ALVARO A.

Street Address (P.O. Box Number is Not Acceptable): 10361 SW 150TH CT 13105

City: MIAMI FL Zip Code: 33196.

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: _____ 01-30-02
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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: VPD NAME: VEGA, ALVARO A. STREET ADDRESS: 13638 SW 142 AVE CITY-ST-ZIP: MIAMI, FL. 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: BARBOSA, ENRIQUE STREET ADDRESS: 13638 SW 142 AVE CITY-ST-ZIP: Miami, FL. 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: STD NAME: ORLANDO LEON STREET ADDRESS: 13638 SW 142 AVE CITY-ST-ZIP: Miami, FL. 33186	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01-30-02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #