

FILED
May 08, 2000 8:00 am
Secretary of State

01-21-2000 90096 020 ***150.00

DOCUMENT # P99000018719

1. Entity Name
BAL HARBOUR GALLERY (WPB), INC.

Principal Place of Business 100 S.E. 2ND STREET, STE. 2150 MIAMI FL 33131	Mailing Address 100 S.E. 2ND STREET, STE. 2150 MIAMI FL 33131-2151
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2. Principal Place of Business 9700 OWENS AVE	3. Mailing Address
Suite, Apt. #, etc. # 265	Suite, Apt. #, etc.

City & State BAL HARBOUR FL	City & State FL	4. FEI Number 65-1000009	Applied For <input type="checkbox"/> Not Applicable
Zip 33154	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
ENGELS, MARTIN
100 S.E. 2ND STREET, STE. 2150
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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) <input type="checkbox"/>	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. <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	PRES NIRMAL VASWANI 907 GARNET CIRCLE WESTON FL 33326 <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	SEC ROBIN VASWANI 907 GARNET CIRCLE WESTON FL 33326 <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: NIRMAL VASWANI (PRES) 1/4/00 305-864-5800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #