

DOCUMENT # P99000018719

1. Entity Name

BAL HARBOUR GALLERY (WPB), INC.

Principal Place of Business

Mailing Address

100 S.E. 2ND STREET, STE. 2150

100 S.E. 2ND STREET, STE. 2150

MIAMI FL 33131

MIAMI FL 33131-2151

2. Principal Place of Business

3. Mailing Address

9700 COLLINS AVE

Suite, Apt. #, etc.

265

Suite, Apt. #, etc.

City & State

City & State

BAL HARBOUR FL

FL

Zip

Country

33154

USA

Zip

Country

4. FEI Number

Applied For

65-1000009

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

ENGELS, MARTIN

100 S.E. 2ND STREET, STE. 2150

MIAMI FL 33131

Name

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

City

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

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.

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PREP

NIRMAL VASWANI

907 GARNET CIRCLE

WESTON FL 33326

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SEC

ROBIN VASWANI

907 GARNET CIRCLE

WESTON FL 33326

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIRMAL VASWANI (PREP)

1/4/00

305-864-5800

Date

Daytime Phone #