

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90012 019 ***150.00

DOCUMENT # P99000041039

1. Entity Name
AMY J. BALKO, DVM, P.A.

Principal Place of Business 6685 SEGOVIA WAY PEMBROKE PINES FL 33331	Mailing Address 6685 SEGOVIA WAY PEMBROKE PINES FL 33331-4631
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60032182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15825 PINES BLVD Suite, Apt. #, etc.	3. Mailing Address 15825 PINES BLVD Suite, Apt. #, etc.
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City & State PEMBROKE PINES	City & State PEMBROKE PINES	4. FEI Number 65-0916433	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33027	Country U.S.A	Zip 33027	Country U.S.A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name MICHAEL B. BAIKO Street Address (P.O. Box Number is Not Acceptable) 15825 PINES BLVD City PEMBROKE PINES FL Zip Code 33027
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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 Michael B. Balko MICHAEL B. BAIKO 2/15/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALKO, AMY J 6685 SEGOVIA WAY PEMBROKE PINES FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRES BAIKO AMY J 6685 SEGOVIA WAY PEMBROKE PINES FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALKO, MICHAEL 6685 SEGOVIA WAY PEMBROKE PINES FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SEC, VP BAIKO MICHAEL 6685 SEGOVIA WAY PEMBROKE PINES FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: Michael B. Balko MICHAEL B. BAIKO 2/15/00 954-646-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)