

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90958 026 ***150.00

A0061052

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000073793**
 1. Entity Name
Carlos A. BALZOLA, INC

Principal Place of Business Mailing Address
13108 SW 20 TERRACE 13108 SW 20 TERRACE
MIAMI, FL 33175 MIAMI, FL 33175

2. Principal Place of Business 3. Mailing Address
13961 SW 28 ST 13961 SW 28 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL
 Zip Country Zip Country
33175 USA 33175 USA

4. FEI Number Applied For
65-0939781 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BALZOLA - Carlos A
13108 SW 20 TERRACE
MIAMI, FL 33175

7. Name and Address of New Registered Agent
 Name **BALZOLA, Carlos**
 Street Address (P.O. Box Number is Not Acceptable) **13961 SW 28 STREET**
 City **MIAMI** FL Zip Code **33175**

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]** **Carlos A. BALZOLA**
 Signature, typed or printed name of registered agent, if not applicable (NOTE: Registered Agent signature required when reinstating) **PRESIDENT** DATE **4/26**

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	<input type="checkbox"/> Delete
NAME	PD BALZOLA, Carlos A
STREET ADDRESS	13108 SW 20 TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BALZOLA, Carlos A
STREET ADDRESS	13961 SW 28 STREET
CITY-ST-ZIP	MIAMI, FL 33175
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	

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]** **Carlos A. BALZOLA** **PRESIDENT** DATE **4/26/00** DAYTIME PHONE **305-441-3261**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)