2000 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P99000085610

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

BALLERS BAIL BONDS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 694783 MIAMI FL 33269-2031	P.O. BOX 694783 MIAMI FL 33269-2031

2. Principal Place of Business	3. Mailing Address
1175 N.E 125 ST	1175 N.E 125 ST
Suite, Apt. #, etc.: 416	Suite, Apt. #, etc.: 416
City & State: N. Miami FL	City & State: ~~FL~~ Miami FL
Zip: 33161 Country: Dade County	Zip: 33161 Country: Dade

4. FEI Number: 65-0940906 ☐ Applied For ☐ 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
POLLAS, VILFORD P 1175 N.E. 125TH ST., STE. 416 MIAMI FL 33161	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 _____ 08-20-00
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 $550.00** **After SEPTEMBER 13, 2000 Min. will be $750.00** **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 POLLAS, VILFORD P P.O. BOX 694783 N/A MIAMI FL 33269-2031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003441457--5 -10/27/00--01007--001 ****550.00 ****550.00
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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 REQUIRED 08-20-00 305-546 9958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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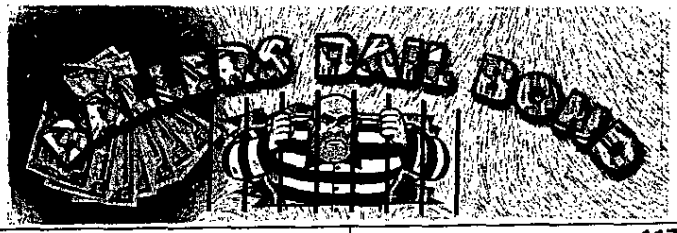

V.P. Pollas, President

1175 NE 125th Street
Suite 416
Miami, FL 33161
Tel.: (305) 899-8009
Fax: (305) 891-1330

10-16-00

TO LeSlie Sellers,

we Ballers Bail Bond had sent the documents on time Sept 6, 2000 which you could verified on the date of the check or on the date that the envelope was stamped by the post office. We spoke to one of your representative which advise us to write this letter and to ask to waived the late fees.

Thank you.
Vilford Pierre Pollas

BALLER'S BAIL BONDS INC.
1175 N.E. 125 ST SUITE 416
N. MIAMI FL 33161
305-899 8009