

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095284

1. Entity Name

Bialek Enterprises, Inc.  
812 Ocean Blvd.  
Pompano Beach, FL 33062

FILED

01 AUG -1 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

812 Ocean Blvd.

Pompano Beach, FL 33062

Mailing Address

812 Ocean Blvd.

Pompano Beach, FL 33062

2. Principal Place of Business

812 South Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Address

813 Briny Ave.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL 3

City & State

Pompano Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

2000-2001 UBR

4. FEI Number

65-0959167

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

Presutti, Danuta B

812 South Ocean Blvd.

Pompano Beach, FL 33062

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.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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  
President  
Stanley Bialek  
813 Briny Avenue  
Pompano Beach FL 33062

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004548313-5  
-08/22/01--01031--001  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004548313-5  
-08/22/01--01031--002  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004548313-5  
-08/22/01--01031--003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Bialek

4/25/01

CR2E034 (11/00)