

# 2000 UNIFORM BUSINESS REPORT (UBR)

0227631

**DOCUMENT # 533525**

1. Entity Name  
**BEL-MAR PAINT CORP.**

Principal Place of Business: **2300 CORAL WAY SUITE 200 MIAMI FL 33145**

Mailing Address: **2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 MAR 10 AM 9:45**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent** | **7. Name and Address of New Registered Agent**

**FLORIDA ANNUAL REPORT SERVICES, INC.**  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

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]* **AMADA CANTERA LOPEZ, PRES.** **3/8/00**  
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	<b>DS</b> <b>BEHMOIRAS, JAIME</b> <b>7501 CENTER BAY DRIVE</b> <b>NORTH BAY VILLAGE FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BEHMOIRAS, RAFAEL</b> <b>9341 E. BAY HARBOR DR. PHC</b> <b>BAY HARBOR FL 33154</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BEHMOIRAS, MOISES</b> <b>5660 COLLINS AVE. 21-C</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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\*\*\*150.00 \*\*\*150.00

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]* **MOISES BEHMOIRAS, VICE PRES.** Date: Daytime Phone #:

CR2E034 (9/99)