

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 533525

1. Entity Name

BEL-MAR PAINT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:52

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

2300 CORAL WAY
SUITE 200
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2300 Coral Way

2300 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 200

Suite # 200

City & State

City & State

Miami, Florida

Miami, Florida

4. FEI Number

59-1736974

Applied For

Not Applicable

Zip
33145

Country
US

Zip
33145

Country
US

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

AMADA CANTERA LOPEZ, President

DATE

4/15/01

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. ADDITIONAL INFORMATION FOR DEPARTMENT OF REVENUE

TITLE DS Delete
NAME BEHMOIRAS, JAIME
STREET ADDRESS 7501 CENTER BAY DRIVE
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE Change Addition
NAME **05/04/01--01044-0261**
STREET ADDRESS ******150.00 ****150.00**
CITY-ST-ZIP

TITLE PD Delete
NAME BEHMOIRAS, RAFAEL
STREET ADDRESS 9341 E. BAY HARBOR DR. PHC
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME BEHMOIRAS, MOISES
STREET ADDRESS 5660 COLLINS AVE. 21-C
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Amada*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/01

CR2E034 (10/00)