

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0254311 AV

DOCUMENT # 533525

1. Entity Name
BEL-MAR PAINT CORP.



FILED

03 APR -9 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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

Mailing Address
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1736974

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* AMADA CANTERA LOPEZ, President
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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04/15/03--01005--026 **150.00

[Handwritten initials]

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

Daytime Phone #

CR2E034 (10/02)