

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90097 040 \*\*\*\*61.25

**DOCUMENT # 725756**  
 1. Entity Name  
**BEL-AIRE INC**

Principal Place of Business      Mailing Address  
**5381 SW 40 AVE**                      **5381 SW 40 AVE**  
**FT. LAUDERDALE FL 33314**              **FT. LAUDERDALE FL 33314-6548**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0047041**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LACROIX, ANNE-MARIE**  
**5379 SW 40 AVE**  
**#205**  
**FT. LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent  
 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]*      DATE **2/25/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SAN PEDRO, ROBERT</b>
STREET ADDRESS	<b>5385 SW 40 AVE, #203</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CROSS, CYNTHIA</b>
STREET ADDRESS	<b>5377 SW 40 AVE., #205</b>
CITY-ST-ZIP	<b>FT. LAUD FL 33314</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>NARDIELLO, JEANETTE</b>
STREET ADDRESS	<b>5377 S.W. 40 AVE., #102</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33314</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>LAXROIX, ANNE-MARIE</b>
STREET ADDRESS	<b>5378 SW 40 AVE., #205</b>
CITY-ST-ZIP	<b>FT. LAUD FL 33314</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BURNS, RAYMOND</b>
STREET ADDRESS	<b>5381 SW 40 AVE., #23</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCTINERNEY, PHYLLIS</b>
STREET ADDRESS	<b>5379 SW 40 AVE., #105</b>
CITY-ST-ZIP	<b>FT. LAUD FL 33314</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shelley Taylor</b>
STREET ADDRESS	<b>5385 SW 40 Ave #203</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, Florida 33314</b>
TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAM</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joan Devlin</b>
STREET ADDRESS	<b>1614 Mayo Street</b>
CITY-ST-ZIP	<b>Hollywood, Florida 33020</b>
TITLE	<b>JEANETTE NARDIELLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEANETTE NARDIELLO</b>
STREET ADDRESS	<b>5377 SW 40 Ave #102</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, Florida 33314</b>
TITLE	<b>Nancy Farmer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nancy Farmer</b>
STREET ADDRESS	<b>5387 SW 40 Ave #204</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33314</b>
TITLE	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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]*      DATE **2/28/00**      DAYTIME PHONE # **(954) 791-5135**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)