

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90019 046 \*\*\*\*61.25

0029890

**DOCUMENT # 725756**

1. Entity Name  
**BEL-AIRE INC**

Principal Place of Business 5381 SW 40 AVE FT. LAUDERDALE FL 33314	Mailing Address 5381 SW 40 AVE FT. LAUDERDALE FL 33314
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>65-0047041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

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 DATE **2/25/02**

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 NAME	<b>P JENKINS, DORIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>5375 SW 40 AVE #102</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	
TITLE NAME	<b>V CARRERO, LOURDES</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>5379 SW 40 AVE #104</b>	
CITY-ST-ZIP	<b>FT. LAUD FL 33314</b>	
TITLE NAME	<b>S SERRANO, ANGIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5387 SW 40 AVE #22</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33317</b>	
TITLE NAME	<b>T MORGAN, VIOLET</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>5377 SW 40 AVE #202</b>	
CITY-ST-ZIP	<b>FT. LAUD FL 33314</b>	
TITLE NAME	<b>T IPARRAGUIRRE, EDWARD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>5379 SW 40 AVE 101</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	
TITLE NAME	<b>D MCTINERNEY, PHYLLIS</b>	<input checked="" type="checkbox"/> Delete
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 NAME	<b>P JANICE M Wyant</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>5387 SW 40th Ave # 201</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33314</b>	
TITLE NAME	<b>D Carrero, Lourdes</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5379 SW 40 Ave # 104</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33314</b>	
TITLE NAME	<b>T Jenkins, Doris</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5375 SW 40 Ave # 102</b>	
CITY-ST-ZIP	<b>FT Lauderdale, FL 33314</b>	
TITLE NAME	<b>D TOMKO, Patricia</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>5375 SW 40 Ave # 201</b>	
CITY-ST-ZIP	<b>FT Lauderdale, FL 33314</b>	
TITLE NAME	<b>D Jenny Torres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>5377 SW 40 Ave # 205</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33314</b>	
TITLE NAME	<b>D IPARRAGUIRRE, LUIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5379 SW 40 Ave # 101</b>	
CITY-ST-ZIP	<b>FT Lauderdale, FL 33314</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: DATE: **3/04/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)