2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F93000005264 **DOCUMENT#**



FILED Feb 10, 2003 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL D PATON, JOHN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1. Entity Name BELZONA,				02-10-200	3 9012:	2 036 ***1	58.75			
CHECK HERE IF MAKING CHANGES	2000 N.W. 88TH COURT 2000 N.W. 88TH COURT										
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Country Zip Country Zip Country S. Certificato of Status Desired Sa.75 Additional Fee Properties	Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			CHECK HERE	IF MAKIN			_
S. Certification of states beam and Address of Current Registered Agent GARCIA, DENNIS R 2000 NW 98TH COURT MIAMI FL 33172 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable for engistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Posphole or proted acrea of legistered agent of State of Florida. I am familiar with, and acceptable for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. I am familiar with, and acceptable for the purpose of changing its registered agent of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of the purpose of changing its registered agent of the purpose of t	City & State		City & St	tate		4. FEI Nu	^{mber} 11-2525267				
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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 access the cobligations of registered agent. SIGNATURE Signature, hyper or printed name of registered agent applicable. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP TITLE SUNDON W 88 CT MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP TITLE SUNDON W 88 CT MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 88 CT MIAMI FL 33172 TITLE SUNDON W 88 CT CITY-ST-ZIP MIAMI FL 33172 TITLE SUNDON W 89 CT	·				Street Address	s (P.O. Box Nu	mber is Not Acceptable	e) 			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. hyped or printed name of legistered agent and title if applicable. (NOTE: Registered Agent algrature recurred when reintetting)							<u></u>				
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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 a formal properties.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

<u> 305 594 49</u>94