FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 91140 020 ***158.75

BELMONT LAKES PROPERTIES, INC.		
DO NOT WRITE IN THIS SPACE		663328
2. Principal Place of Business 3. Mailing Address 10 00 W SAMPLE ROAD Suite, Apt, #, etc. Suite, Apt		DO NOT WRITE IN THIS SPACE
SULTE 20 SULTE 20	5	DO NOT WRITE IN THIS SPACE
CORML STRINGS - M CORME SPRIN		4. FEI Number 65 - 1070023 Applied For Not Applicable
219 33065 Country USA Zip 33065	Country USA	5. Certificate of Status Desired
	Name A	7. Name and Address of Current Registered Agent
DO NOT WRITE	Street Address (F	P.O. Box Number is Not Acceptable)
IN THIS SPACE	10100	W SAMPLE ROAD, SUITE 205
	City CORM	SPRINGS FL Zip Code 33065
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.		
SIGNATIVE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 After May 1, F Amended UE Make Check Payable to	ee is \$550.00 BR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: Added to Fees
11. OFFICERS AND DIRECTORS		
STREET ADDRESS AFTAB A CUMBER STREET ADDRESS 10100 W SAMPLE ROAD, SUITE 205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E034B (12/01)
STREET ADDRESS 10100 W SAMPLE ROAD. SUITE 205	TITLE NAME STREET ADDRESS CITY-ST-7IP	CRZEG
TITLE VICE PRESIDENT NAME STREET ADDRESS 10 10 D W SAMPLE ROAD, SUITE 205	TITLE NAME STREET ADDRESS	DO NOT WRITE
TITLE VICE PRESIDENT NAME STREET ADDRESS LO I DD W SAMPLE ROMD, SUITE 205	CITY-ST-ZIP TITLE NAME STREET ADDRESS	IN THIS SPACE
TITLE NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T	TITLE VAME STREET ADDRESS	

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 on an attachment with an address, with all other like empowered.

CITY+ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR