


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90230 036 \*\*\*150.00

**DOCUMENT #** P94000050382

1. Entity Name  
**BELMAT, INC.**



Principal Place of Business  
**124 ELYSIUM DR  
ROYAL PALM BCH FL 33411**

Mailing Address  
**124 ELYSIUM DR  
ROYAL PALM BCH FL 33411**



2. Principal Place of Business  
**5011 Broadway**

3. Mailing Address  
**N/A**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach, FL.**

City & State

Zip  
**33407**

Country  
**Palm Beach**

4. FEI Number **65-0505102**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ, MATEO & BELKYS  
124 ELYSIUM DR  
ROYAL PALM BCH FL 33411**

**7. Name and Address of New Registered Agent**

Name  
**N/A**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DIAZ, MATEO J</b> <b>124 ELYSIUM DRIVE</b> <b>ROYAL PALM BEACH FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DIAZ, BELKYS</b> <b>124 ELYSIUM DRIVE</b> <b>ROYAL PALM BEACH FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Belkys Diaz **4/11/03** **561-848-4856**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)