

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90043 036 \*\*\*150.00

**DOCUMENT # P98000087517**

1. Entity Name  
**BELNAZ HOLDINGS, INC.**

Principal Place of Business

708 N.E. 26TH AVENUE  
 HALLANDALE FL 33009  
 US

Mailing Address

708 N.E. 26TH AVENUE  
 HALLANDALE FL 33009-2941  
 US

2. Principal Place of Business

**2154 N.W. 23 RD CT.**

Suite, Apt. #, etc.

3. Mailing Address

**2154 N.W. 23 RD CT**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0874228**

Applied For

Not Applicable

Zip

**33142**

Country

**DADE**

Zip

**33142**

Country

**DADE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALUSTYANTS, BELLA**  
 708 N.E. 26TH AVENUE  
 HALLANDALE FL 33009

Name

**BELLA GALUSTYANTS**

Street Address (P.O. Box Number is Not Acceptable)

**2154 N.W. 23 RD CT.**

City

**MIAMI**

FL

Zip Code

**33142**

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

*Bella Galustyants*

**1-25-00**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD GALUSTYANTS, BELLA**  
 STREET ADDRESS **708 N.E. 26TH AVENUE**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD BOULMAROUF, NAZIHA**  
 STREET ADDRESS **7004 BOULEVARD EAST, #10-B**  
 CITY-ST-ZIP **GUTTENBERG NY 07093**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **22 SARATOGA DRIVE**  
 CITY-ST-ZIP **JERICHO, N.Y. 11753**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bella Galustyants*

Date

**1-25-00**

Daytime Phone #

CR2E034 (9/99)