

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90322 032 ****61.25

0046035

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.
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City & State	City & State	4. FEI Number 65-0047041	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	TAYLOR, SHELLEY
STREET ADDRESS	5385 SW 40 AVE #102
CITY-ST-ZIP	FT. LAUDERDALE FL 33314
TITLE	V <input type="checkbox"/> Delete
NAME	CROSS, CYNTHIA
STREET ADDRESS	5377 SW 40 AVE., #205
CITY-ST-ZIP	FT. LAUD FL 33314
TITLE	S <input type="checkbox"/> Delete
NAME	DEVLIN, JOAN
STREET ADDRESS	1614 MAYO ST
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	T <input type="checkbox"/> Delete
NAME	NARDIELLO, JEANETTE
STREET ADDRESS	5377 SW 40 AVE #102
CITY-ST-ZIP	FT. LAUD FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	FARMER, NANCY
STREET ADDRESS	5887 SW 40 AVE #204
CITY-ST-ZIP	FT. LAUDERDALE FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	MCTINERNEY, PHYLLIS
STREET ADDRESS	5379 SW 40 AVE., #105
CITY-ST-ZIP	FT. LAUD FL 33314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Jenkins
STREET ADDRESS	5375 SW 40 Ave #102
CITY-ST-ZIP	FT. LAUD FL 33314
TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes Carrero
STREET ADDRESS	5379 SW 40 Ave #104
CITY-ST-ZIP	FT. LAUD FL 33314
TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angie Serrano
STREET ADDRESS	5387 SW 40 Ave #202
CITY-ST-ZIP	FT. LAUD FL 33317
TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	violet morgan
STREET ADDRESS	5377 SW 40 Ave #202
CITY-ST-ZIP	FT. LAUD FL 33314
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EdwARda Iparaguire
STREET ADDRESS	5379 SW 40 Ave #101
CITY-ST-ZIP	FT. LAUD FL 33314
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Cross
STREET ADDRESS	5377 SW 40 Ave #205
CITY-ST-ZIP	FT. LAUD FL 33314

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 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: _____ **4/19/01 (954) 879-5279**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)