

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016468

1. Entity Name

BELMONT FOODS, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90165 045 \*\*\*150.00

Principal Place of Business

~~2040 GRANT ST~~  
~~HOLLYWOOD FL 33020~~

Mailing Address

~~2040 GRANT ST~~  
~~HOLLYWOOD FL 33020~~

2. Principal Place of Business

7582 NW. 70th

Suite, Apt. #, etc.

3. Mailing Address

7582 NW. 70th

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1074968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CORREA, RAUL F

~~2040 GRANT ST~~

~~HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent

Name

Edwards J. Mender

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

8330 West Flagler St.

Suite, 234

City

Miami

FL

Zip Code

33144

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

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, 2002 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	JAVIER PAYET	<input type="checkbox"/> Delete
NAME	DIRECTOR - OFFICER - FL	
STREET ADDRESS	799 N E. 70th ST MIAMI	
CITY - ST - ZIP	33138	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	RAUL F. CORREA	
STREET ADDRESS	7582 NW, 70th	
CITY - ST - ZIP	Miami, FL - 33166	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	Juan B. Palacios	
STREET ADDRESS	7582 NW, 70th	
CITY - ST - ZIP	Miami, FL - 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT REQUIRED

04/26/02 (305) 888-9290

Date

Daytime Phone #

CR2E034 (9/01)