

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000095625

**Entity Name:** BELNAZ HOLDINGS 2, INC

**Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD  
339  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 85-4267729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALUSTYANTS, GABRIELLA  
1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE BEACH, FL 33009 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GALUSTYANTS, GABRIELLA  
Address 1835 E. HALLANDALE BEACH BLVD,  
#339  
City-State-Zip: HALLANDALE BEACH FL 33009

Title S  
Name GALUSTYANTS, JONATHAN  
Address 1835 E. HALLANDALE BEACH BLVD,  
#339  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name KOBLANCE, LEONARD LAZAR  
Address 1835 E HALLANDALE BEACH BLVD  
339  
City-State-Zip: HALLANDALE BEACH FL 33009

Title ASST. TREASURER  
Name KOBLANCE, SORAYA MIKAELA  
Address 1835 E HALLANDALE BEACH BLVD  
339  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JONATHAN GALUSTYANTS

S

02/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date