

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 451437

1. Entity Name

BELFRAN, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90037 048 ***150.00

Principal Place of Business

Mailing Address

1217 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118-4801

1217 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118-4801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1552915**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELFRANIN, SLAVKO
355 MONUMENT ROAD #10
JACKSONVILLE FL 32211

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

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	DT	<input type="checkbox"/> Delete
NAME	BELFRANIN, ANGELA	
STREET ADDRESS	1224 THOMPSON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BELFRANIN, ZVONKO	
STREET ADDRESS	1224 THOMPSON AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ZVONKO BELFRANIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

(904) 255 2553

Date

Daytime Phone #

CR2E034 (9/99)