

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90236 032 ***150.00

DOCUMENT # 614274

1. Entity Name

BELLAMAR, INC.

Principal Place of Business

Mailing Address

**C/O AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. 3RD AVENUE, 28TH FLOOR
 MIAMI FL 33131**

**C/O AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. 3RD AVENUE, 28TH FLOOR
 MIAMI FL 33131**

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address **C/O B. LANDY
 ONE S.E. 3RD AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28TH FLOOR

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

59-2773453

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

U.S.A.

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

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. 3RD AVENUE
 28TH FLOOR
 MIAMI FL 33131**

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, 2001 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 LEGA, MARIO**
 STREET ADDRESS **ONE S.E. THIRD AVENUE, 28TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS LEGA, DENNIS**
 STREET ADDRESS **ONE S.E. THIRD AVENUE, 28TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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 SIGNING OFFICER OR DIRECTOR

Mario Lega
Mario Lega

Date

Daytime Phone #

4/20/01 (305) 361 6039

CR2E034 (10/00)