

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90077 002 ***150.00

DOCUMENT # 628843

1. Entity Name

PEDRO O. BELLO ARMAMENTOS, INC.

Principal Place of Business

5052 OKEECHOBEE BLVD
 WEST PALM BEACH FL 33417
 US

Mailing Address

5052 OKEECHOBEE BLVD
 WEST PALM BEACH FL 33405-4734
 US

2. Principal Place of Business

222 Costello Rd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

W. Palm Beach FL

City & State

Same FL

4. FEI Number

59-1925317

Applied For

Not Applicable

Zip

33405

Country

Palm Bch

Zip

2

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLO, PEDRO O
 5052 OKEECHOBEE BLVD
 W. PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name

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

222 Costello Rd.

W. PALM BEACH

City

FL

Zip Code
 33405

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

TITLE PD Delete
 NAME BELLO, PEDRO O.
 STREET ADDRESS 12676-A2 SHORELINE DRIVE
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME Change Additio
 NAME 222 COSTELLO RD
 STREET ADDRESS W. PALM BEACH FL 33405
 CITY-ST-ZIP

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Additio
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-99 561 478 1411
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE