

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733176

1. Entity Name

BELLES & BEAUS SINGLES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90189 041 ****61.25

Principal Place of Business

Mailing Address

MARKS ST SR. COMPLEX
99 E. MARKS ST
ORLANDO FL 32803
US

P.O. BOX 523
ORLANDO FL 32802-0523
US

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

59-1607981

Applied For

Not Applicable

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

COLEMAN, LORRAINE
1221 CARRIAGE LANE
ORLANDO FL 32807

Name **LEA KAMM**

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

2800 ELIZABETH AV.

City **ORLANDO**

FL

Zip Code **32804**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **NEWHALL, WILBERT**
STREET ADDRESS **13230 LIME AV**
CITY-ST-ZIP **GRAND ISLAND FL**

TITLE **P** ☒ Delete
NAME **DICHIARA, NICK**
STREET ADDRESS **4510 KATIE LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ Delete
NAME **HALL, TRUDY**
STREET ADDRESS **410 CAPEHART DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **MIFFLIN, BETTYE**
STREET ADDRESS **242 NOB HILL CIRCLE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ Delete
NAME **YOWELL, ANN**
STREET ADDRESS **2636 N WESTMORELAND DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **COLEMAN, LORRAINE**
STREET ADDRESS **1221 CARRIAGE LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **LEA KAMM**
STREET ADDRESS **2800 ELIZABETH AV.**
CITY-ST-ZIP **ORLANDO, FL. 32804**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **JOHN YORK**
STREET ADDRESS **104 SHORE DR.**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LEA KAMM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/00 (407)843-4397

Date

Daytime Phone #

CR2E037 (9/99)