

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01839**

1. Entity Name
BELCO, LTD.

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business
**3535 HIAWATHA AVE
MIAMI FL 33133**

Mailing Address
**PO BOX 330478
MIAMI FL 33233-0478**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2096085		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OXLEY, PAUL 1541 BRICKELL AVENUE APT. #A-401 MIAMI FL 33129				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$700,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P14382	STREET ADDRESS	
NAME	BELCO REALTY, INC.	CITY - ST - ZIP	
STREET ADDRESS	ONE E. LIBERTY ST.		
CITY - ST - ZIP	RENO NV		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Signature Required** **Paul Oxley** **4/21/2000** **305-859-9337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
President of Belco Realty, Inc.

Date Daytime Phone #