

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F54605

1. Entity Name

BELESE INVESTMENTS, INC.

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

04-27-2001 90299 030 ***150.00

0149755

Principal Place of Business

ONE S.E. THIRD AVE.
SUITE 2130
MIAMI FL 33131

Mailing Address

ONE S.E. THIRD AVE.
SUITE 2130
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
ONE SE THIRD AVE.
SUITE 2130
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PANITZ, SHIRLEY	
STREET ADDRESS	200 WINSTON DRIVE #1514	
CITY-ST-ZIP	CLIFFSIDE PARK NJ	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	FRANKEL, MELVIN F	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE., SUITE 2130	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLASS, STEPHEN A	
STREET ADDRESS	1 SE 3RD AVE., SUITE 2130	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/ P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonardo Seidner	
STREET ADDRESS	One Southeast Third Ave, Ste 2130	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin Seidner	
STREET ADDRESS	One Southeast Third Ave, Ste 2130	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Seidner	
STREET ADDRESS	One Southeast Third Ave, Ste 2130	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonardo Seidner
President

Date

Daytime Phone #

4/17/01 305-377-9353

CR2E034 (10/00)

645484



DO NOT WRITE IN THIS SPACE