

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 018 \*\*\*150.00

**DOCUMENT #**

F54605

1. Entity Name

BELESE INVESTMENTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

ONE S.E. THIRD AVE.

3. Mailing Address

ONE S.E. THIRD AVE.

Suite, Apt. #, etc.

SUITE 2130

Suite, Apt. #, etc.

SUITE 2130

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2187653

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

COPROLITE CORPORATION

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

ONE SE THIRD AVE.

SUITE 2130

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 P/D/T  
NAME SEIDNER, LEONARDO  
STREET ADDRESS ONE SOUTHEAST THIRD AVE, STE 2130  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV  
NAME SEIDNER, BENJAMIN  
STREET ADDRESS ONE SOUTHEAST THIRD AVE, STE 2130  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME SEIDNER, HARRY  
STREET ADDRESS ONE SOUTHEAST THIRD AVE, STE 2130  
CITY-ST-ZIP MIAMI, FL 33131

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 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

4/10/02 305-377-9353

Daytime Phone