

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # F99000002259**1. Entity Name  
**BELCREST COMMERCIAL S.A.****Principal Place of Business**915 MIDDLE RIVER DRIVE, SUITE 506  
C/O MORAITIS, COFAR & KARNEY  
FT. LAUDERDALE  
33304

FL

**Mailing Address**915 MIDDLE RIVER DRIVE, SUITE 506  
C/O MORAITIS, COFAR & KARNEY  
FT. LAUDERDALE  
33304

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****52-1891572**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MORAITIS GEORGE R  
915 MIDDLE RIVER DRIVE, SUITE 506  
C/O MORAITIS, COFAR & KARNEY  
FT. LAUDERDALE  
33304

FL

**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)

**03/27/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME DVPS  
STREET ADDRESS SCHMID ROLAND  
CITY-ST-ZIP 4900 N. OCEAN BLVD. #408  
FT. LAUDERDALE FL 33308 ☐ DeleteTITLE  
NAME D  
STREET ADDRESS SCHMID MAYA  
CITY-ST-ZIP 4900 N. OCEAN BLVD. #408  
FT. LAUDERDALE FL 33308 ☐ DeleteTITLE  
NAME CPT  
STREET ADDRESS SCHMID VERENA  
CITY-ST-ZIP 4900 N. OCEAN BLVD. #408  
FT. LAUDERDALE FL 33308 ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** Verena Schmid

P

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)