FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H32504 (3)

1. Corporation Name

BELMAR REAL ESTATE DEVELOPMENT, INC.

Principal Place of Business Mailing Address c/o Mario Bramnick c/o Mario Bramnick 9050 Pines Blvd, #450 9050 Pines Blvd, #450 Pembroke Pines FL 33024 Pembroke Pines FL 33024 2a. Mailing Address

FILED Jun 02, 1999 8:00 am Secretary of State

06-02-1999 90006 003 ***900.00

		DO	NOT	WRITE	IN	THIS	SPACE
--	--	----	-----	-------	----	------	-------

3. Date Incorporated or Qualifed December 3, 1984

2. 7 micipai i	lace of Dusiness	Za. Walling Address			1	TET TURBO			pplied to			
21		26			65	<u>5-00221</u> 67		N	ot Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		•	Additional equired			
City & State	e	City & State			6.	Election Campaign Financing		\$5.00	May Be			
23		28			l l	Trust Fund Contribution		•	to Fees			
Zip				Country 8. This corporation owes the current year Int				ngible				
24	25	29	30			Personal Property Tax.		☐ Yes	□No			
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New R	egistered A	gent				
		8	1 Name									
	CK, MARIO		B	82 Street Address (P.O. Box Number is Not Acceptable)								
9050 Pines Blvd., #450					02 Street Address (F.O. DOX NUTTION IS NOt Acceptable)							
Pembro	ke Pines FL 33024		8	83								
			8	84 City 85 Zip Code								
				1			<u> </u>					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND	DIRECTORS	13.		Α	ADDITIONS/CHANGES TO OFF	FICERS ANI	DIRECTO	ORS IN 12			
TITLE	PDT	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition			
NAME	Bramnick, Zack		1.2 NAME									
STREET ADDRESS	9050 Pines Blvd.	, #450	1.3 STRE	ET ADDRESS								
CITY-ST-ZIP	Pembroke Pines F		1.4 CITY-	ST-ZIP								
TITLE	SVD	☐ DELETE	2 1 TITLE				-	Change	☐ Addition			
NAME	Bramnick, Mario		2.2 NAME									
STREET ADDRESS	9050 Pines Blvd.	, #450	2.3 STRE	T ADDRESS								
CITY-ST-ZIP	Pembroke Pines F	L 33024	2.4 CITY	ST-ZIP								
TITLE		☐ DELETÉ	3.1 TITLE					☐ Change	Addition .			
NAME			3.2 NAME						ĺ			
STREET ADDRESS			3.3 STRE	ET ADORESS								
CITY-ST-ZIP			3.4. CITY	ST. ZIP								
TITLE		☐ DELETE	4.1 TITLE	0, 2				Change	Addition			
NAME			4, 2 NAME	.								
STREET ADDRESS				T ADDRESS								
CITY-ST-ZIP			44 CITY-	ST-ZIP					- 1			
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition			
NAME			5.2 NAME									
STREET ADDRESS			5.3 STRE	TADDRESS								
CITY-ST-ZIP			5.4 CITY-	ST-ZIP								
TITLE		☐ DELETE	6.1 TITLE					Change	Addition			
NAME	•		6.2 NAME									
STREET ADDRESS			6.3 STREE	TADDRESS								
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	Ì				ľ			
OIT I* OI* ZIP												

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATUJE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)