## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2003 8:00 am Secretary of State

DOCUMENT # H32504  1. Entity Name BELMAR REAL ESTATE DEVELOPMENT, INC.					05-29-2003 90138 044 ***150.00			
Principal Place of Business % MARIO BRAMNICK. ESCUIRE 9050 PINES BLVD # 450 PEMBROKE PINES FL 33024 US		Mailing Address  MARIO BRAMNICK, ESQUIRE  9050 PINES BLVD # 450  PEMBROKE PINES FL 33024  US						
2. Principal	Place of Business	3. Mailing Address	-		i enerittet tien istim tonne alber datet a	isal Andre Reuct Ordit Att	in <b>Ged</b> at atasa that	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	1 Number 65-0022167	<b>⊢</b>	Applied For Not Applicable	7
Zip Country		Zip	Country		ertificate of Status Desired	\$8.75 A	dditional	Ϊ.
	6. Name and Address of Current F	Registered Agent		7. Na	me and Address of New Reg			_
BRANNICK, MARIO								=
9050 PINES BLVD.			Street Addr	ress (P.O. Box	ss (P.O. Box Number is Not Acceptable)			
STE. #45							·	
PEMBROKE PINES FL 33024			City			FL Zip Co		
8. The above the obliga	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or reg	gistered agen	t, or both, in the State of Florida	a, 1 am familiar wit	h, and accept	1
SIGNATURE	AND THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A S	nd title li applicable. (NOT	E: Registered Agent signature to	actived when reins	tasing)	DATE	<del></del>	
Afte	FILE MOWIII FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			Election Campaign Financ Trust Fund Contribution.	- <u></u> , ——	.00 May Be ed to Fees	-	
10. ''	OFFICERS AND D	DIRECTORS	11.	ADDI	TIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	┪_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BRAMNICK, ZACK 9050 PINES BLVD. #450 PEMBROKE PINES FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SVD BRAMNICK, MARIO 9050 PINES BLVD. #450 PEMBROKE PINES FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CRZ
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		ور	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>-</del>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
12. I hereby of indicated	entify that the information supplied with the on this report or supplemental report is to continuous the receiver of trustee among	nis filling does not qualify for the and accurate and that m	the exemption stated in ny signature shall have	n Section 119 the same lega	.07(3)(i), Florida Statutes. I furt	her certify that the that I am an office	information r or director	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUESTS AND TYPED OR PROMITED NAME OF SIGNING OFFICER OR DIRECT

4/24/03

954-430-0220