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

## J88191 **DOCUMENT #**

1. Entity Name

BEL-TEC ELECTRICAL SERVICES, INC.



**FILED** Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90107 049 \*\*\*158.75

% BARBARA 11829 SW 4	Acipal Place of Business  BARBARA BELYEU  29 SW 42ND COURT  VIE FL 33330  Mailing Address  % BARBARA BELYEU  11829 SW 42ND COURT  DAVIE FL 33330								
2. Principal	Place of Business	3. Ma	3. Mailing Address						
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		Cit	City & State			4. FEI Number 65-0005723 Applied For			
Zip Country		Zip	Zip Country			5. Certificate of Status Desired \$8.75 Addit		dditional	
	6. Name and Address of Curr	ent Register	ed Agent	<u> </u>	<del></del>	7 Na	me and Address of New Posistered		red
				Na Na	me	1. 140	me and Address of New Registered	Agent	
Belyeu,	BARBARA								
11829 SV	V 42ND COURT		Street Addres			(P.O. Box Number is Not Acceptable)			
DAVIE FL	33330								·
				City	y		Certificate of Status Desired \$8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)  FL Zip Code  gent, or both, in the State of Florida. I am familiar with, and accept		
8. The above	e named entity submits this statemen	nt for the purp	ose of changing its	registered offi	ce or registere	ed agen			and accept
the obliga	tions of registered agent.				_	_		Tarimar Frid	i, and accept
SIGNATURE									
	Signature, typed or printed name of registered a	gent and title if app	olicable. (NOTE	E: Registered Agent	signature required	when reinst	tating) DATE		
	TLE NOW!!! FEE IS \$150.00		-	<u>-</u>					
Afte Make Chec	r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00 t of State			•			<b>\$5.</b> 6 Adde	00 May Be ed to Fees
10.	OFFICERS A		BS .	11.		A DIDI	TIONS (CLIANOFS TO SELECTION		-
TITLE	VP		☐ Defete	TITLE	<u> </u>	ADDI	HONS/CHANGES TO OFFICERS AND		
NAME	BELYEU O MICHAEL		_ bcicic	NAME				∐ Change	Addition
STREET ADDRESS	11657 SW 51 COURT			STREET ADDR	ESS				
CITY-ST-ZIP	COOPER CITY FL			CITY-ST-ZIP					
TITLE	P		Delete	TITLE				☐ Change	☐ Addition
name Street address .	DANIEL W. BELYEU			NAME .				43	
CITY-ST-ZIP	11829 SW 42 CT DAVIE FL			STREET ADDR	ESS				
TITLE	DAVIET		<del></del>	CITY-ST-ZIP					
NAME	· -	• •	□ Delete	TITLE	s: · · · · ·	w	سنجا سجال بالمحدورة	☐ Change	Addition
STREET ADDRESS				NAME STREET ADDRE					
CITY-ST-ZIP				CITY-ST-ZIP	-33				
TITLE			☐ Delete	TITLE	<del></del>		- v	FT 0:	
IAME			Boicte	NAME				□ Change	☐ Addition
TREET ADDRESS				STREET ADDRE	:ss				
CITY-ST-ZIP		_		CITY-ST-ZIP					
ITLE			☐ Delete	TITLE				☐ Change	- Addition
TREET ADDRESS				NAME				Jimiyo	AGUILIUII
TREET ADDRESS				STREET ADDRE	SS				
ITLE	<del></del>			CITY-ST-ZIP					_
AME			☐ Delete	TITLE				Change	☐ Addition
TREET ADDRESS				NAME STREET ADDRESS					
ITY-ST-ZIP				STREET ADDRES	20				
1				A11 - 31 - 515	1				

12. 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 10 or Block 11 if

SIGNATURE: