

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005717

1. Entity Name
BELFLOR, L.C.

FILED

01 MAR 28 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~701 BRICKELL AVENUE, SUITE 2000~~
~~MIAMI FL 33131~~

Mailing Address

~~701 BRICKELL AVENUE, SUITE 2000~~
~~MIAMI FL 33131~~



2. Principal Place of Business

80 SW 8 Street

3. Mailing Address

80 SW 8 Street

Suite, Apt. #, etc.

3100

Suite, Apt. #, etc.

3100

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33130

US

Zip

Country

33130

US

4. FEI Number

65-1009934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ.

~~701 BRICKELL AVENUE, SUITE 2000~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

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

80 SW 8 Street
Suite 3100

City

Miami

FL

Zip Code

33130

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

1/29/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MANAGER
NAME: BELTRAN, HERNANDO
STREET ADDRESS: CARRERA 40 #16634
CITY-ST-ZIP: BOGATA, COLOMBIA ☐ Delete

TITLE: MANAGER
NAME: FLOREZ, NANCY
STREET ADDRESS: CARRERA 40 #16634
CITY-ST-ZIP: BOGATA, COLOMBIA ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 800003984908-0
CITY-ST-ZIP: -04/10/01--01063--022
*****50.00 *****50.00

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HERNANDO BELTRAN, MANAGER

3/1/01

Date

Daytime Phone #

305 536
8856

CR2E083 (11/00)