

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90126 024 \*\*\*\*50.00

**DOCUMENT # L01000020304**

1. Entity Name  
**BELMERE COMMUNICATIONS, LLC**

Principal Place of Business

**5401 KIRKMAN ROAD  
 SUITE 525  
 ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD  
 SUITE 525  
 ORLANDO FL 32819**

2. Principal Place of Business

**5200 Vineland Rd**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Orlando, FL**

Zip Country  
**32811 USA**

3. Mailing Address

**5200 Vineland Rd.**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Orlando, FL**

Zip Country  
**32811 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DESHPANDE, ANIL  
 5401 KIRKMAN ROAD  
 SUITE 525  
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name  
**Anil Deshpande**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5200 Vineland Road**  
**Suite 200**  
 City **Orlando** FL Zip Code **32811**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>managing member</b> <b>Maguire Road Property, Ltd.</b> <b>6355 Metrowest Blvd, #330</b> <b>Orlando, FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing member</b> <b>Park Square Enterprises, Inc.</b> <b>5200 Vineland Rd, #200</b> <b>Orlando, FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>managing member</b> <b>William Strickler</b> <b>365 Taft-Vineland Rd, #101</b> <b>Orlando, FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**MANAGING MEMBER REQUIRED**

**managing member for Park Square Ent**  
**Sean Froelich 3/18/02 407-529-3071**

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

Date

Daytime Phone #

CR2E083 (9/01)