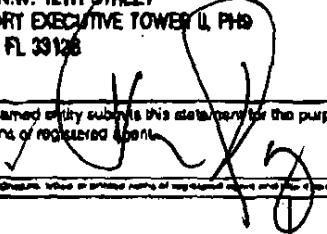


FILED
Jun 02, 2003 8:00 am
Secretary of State
03-26-2003 90046 011 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025014			
1. Entity Name BELALUCY, LLC			
Principal Place of Business 7270 N.W. 12TH STREET AIRPORT EXECUTIVE TOWER II, PHD MIAMI FL 33126		Mailing Address 7270 N.W. 12TH STREET AIRPORT EXECUTIVE TOWER II, PHD MIAMI FL 33126	
2. Principal Place of Business 999 PONCE DE LEON BLVD.		3. Mailing Address 999 PONCE DE LEON BLVD.	
Suite, Apt. #, etc. SUITE 1045		Suite, Apt. #, etc. SUITE 1045	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 05-0531488		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RICARDO A. GONZALEZ & ASSOCIATES, P.A. 7270 N.W. 12TH STREET AIRPORT EXECUTIVE TOWER II, PHD MIAMI FL 33126		7. Name and Address of New Registered Agent HIRAN OCARTE, C.F.A. 999 PONCE DE LEON BLVD. SUITE 1045 CORAL GABLES FL 33134	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  DATE 5-28-03			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MGRM SMEJOFF, LUIS SALOMON 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MGRM SMEJOFF, NELSON 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MGRM SMEJOFF, EDUARDO JAIME 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: 		3/19/03	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

44003139



☐ CHECK HERE IF MAKING CHANGES

03-26-03 (1002)