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	Mailing Address
7270 N.W. 12TH STREET AIRPORT EXECUTIVE TOWER II, PH9 MIAMI FL 33126	7270 N.W. 12TH STREET AIRPORT EXECUTIVE TOWER II, PH9 MIAMI FL 33126

44003139

2. Principal Place of Business	3. Mailing Address
999 PONCE DE LEON BLVD.	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 05-0536488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICARDO A. GONZALEZ & ASSOCIATES, P.A. 7270 N.W. 12TH STREET AIRPORT EXECUTIVE TOWER II, PH9 MIAMI FL 33126	Name: HIRAM OCARIZ, C.P.A. Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD. SUITE 1045 City: CORAL GABLES FL Zip Code: 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: ✓ 5-28-03
(Signature, title or printed name of registered agent and date if applicable) (NOTE: Registered agent signature required when reinstating) DATE

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	MGRM SMEJOFF, LUIS SALOMON 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMEJOFF, NELSON 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMEJOFF, EDUARDO JAIME 999 PONCE DE LEON BLVD #1045 CORAL GABLES, FL 33134 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 3/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #