

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/7/2003-90074-003-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -5 AM 10:17

DOCUMENT # L02000031729

1. Entity Name

Bella Lago
Apartments, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9202 Olmstead DR
Suite, Apt. #, etc.

3. Mailing Address

9202 Olmstead DR
Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

72-1541131

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence B. Hawkins

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

9202 Olmstead Drive

City

Lake Worth FL

Zip Code

33467

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MGR
NAME Lawrence B. Hawkins
STREET ADDRESS 9202 Olmstead Drive
CITY-ST-ZIP Lake Worth, FL 33467

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5/23/03

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Month-Year

5/23/03 968-3238

CR25034B (12/02)