FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam BELCO	·		Mar 06, 2001 8:00 and Secretary of State 03-06-2001 90293 015 ***158.75						1		
BLDG G Miami FL 33186		Mailing Address 13200 SW 128 STREEET BLDG G MIAMI FL 33186 US				6 4 8 8 (18 4 8 18	C00309() <u>4</u> 10. 000 inan	Bibli Bibli Bibli	e e utus 1 00 1	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS SI	PACE		
City & State		City & State			4 . F	El Number	65-0240607			plied For at Applicable	
Zip	Country	Zip	Country		5 . c	Certificate of	Status Desired		\$8.75 Add		
	6. Name and Address of Current F	Registered Agent			7. N	lame and Ac	Idress of New Re				<u></u>
DE1.	011 15000100		1	Vame							
	ON, LEOPOLDO 0 SW 128 STREET		Street Address			ox Number i	Not Acceptable)				
	II FL 33186		(City				FL	Zip Code		$\frac{1}{1}$
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent at			office or regist			n the State of Flor	ida.			1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees						
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CH	IANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	Ī,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BELLON, LEOPOLDO 13200 SW 128 STREET, BLDG G MIAMI FL 33186	☐ Delete	TITLE NAME STREET A CITY-ST-						☐ Change	☐ Addition	700,047,400,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vp Bellon, erik 13200 SW 128 Street, bldg g Miami fl 33186	□ Delete	TITLE NAME STREET A CITY-ST-	1					☐ Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	T- BELLON ANTONIO 13200 SW 128 STREET, BLDG G MIAMI FL 33186	- Doloto	NAME STREET A CITY-ST-	DORESS				25 <u></u>	:Change _=	≠(=):Addition 5	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	ZIP					☐ Change	Addition	
13. I hereby of indicated of the corchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empr or on an attachment with an addyss w	this filing does not qualify for the true and accurate and that my si wered to execute this entry as re lith all this like empowered.	exemp ignature equired	tion stated in S shall have the by Chapter 6	Section 1 e same I 07, Florid	119.07(3)(i), l legal effect a da Statutes; i	Florida Statutes. I s if made under o and that my name	further certi ath; that I ar appears in	fy that the in m an officer Block 11 or	nformation or director Block 12 if	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR