

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90332 001 ***600.00

DOCUMENT # L36845

1. Entity Name
BELLAND PROPERTIES, INC.

Principal Place of Business
5 BEACHWAY NORTH
OCEAN RIDGE FL 33435
US

Mailing Address
5 BEACHWAY NORTH
OCEAN RIDGE FL 33435
US



2. Principal Place of Business

3. Mailing Address

Suite **GROUP ONE, INC.**
588 EAST WOOLBRIGHT RD.
SUITE 107
BOYNTON BEACH, FL 33435

Suite **GROUP ONE, INC.**
588 EAST WOOLBRIGHT RD.
SUITE 107
BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

4. FEI Number **65-0160072**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCIBELLA, RICHARD
5 BEACHWAY NORTH
OCEAN RIDGE FL 33435

Name
 Street Address (P.O. Box Number is Not Acceptable)
568 EAST WOOLBRIGHT Road
Suite 107
Boynton Beach FL 33435

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUCIBELLA, RICHARD J. 5 BEACHWAY NORTH OCEAN RIDGE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 568 EAST WOOLBRIGHT Road Suite 107 Boynton Beach FL 33435 |
| 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 |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **561 744 9770**
 Date Daytime Phone #

US90135 AV

CR2E034 (9/01)