

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008936

1. Entity Name

BELACO OF FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

100 SUNRISE AVENUE
APT 503
PALM BEACH FL 33480

Mailing Address

100 SUNRISE AVENUE
APT 503
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name CLARA NEVAI

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

100 SUNRISE AVE
APT 503

City PALM BEACH

FL

Zip Code 33480

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

Clara Nevai

9/21/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME NEVAI, CLARA
STREET ADDRESS 100 SUNRISE AVENUE APT 503
CITY-ST-ZIP PALM BEACH FL 33480

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 and Typed or Printed Name of Signing Managing Member or Manager

9/21/2000

Date

Daytime Phone #

CR2E083 (5/00)