2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M9800001143 1. Entity Name BELLEAIR BAZAAR, J.C.C.						GO APR 28 AM 8: 32 SECRETARY OF STATE TALL AHASSEE, FLORIDA				
Principal Place of Business Mailing Address 2 POND'S EDGE DRIVE P.O. BOX 999 CHADDS FORD PA 19317, CHADDS FORD PA 19317-0503							17777			
Principal Place of Business 3. Mailing Address					-	-	 	 1		## ##
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Nu			<u> </u>	pplied For of Applicable
Zip		Country	Zip	Cour	ntry	5. Certific	cate of Status Desired	× \$	5.00 Add ee Required	litional d
6. Name and Address of Current Registered Agent Name							and Address of New Re	gistered Ag	jent	
- GAYNOR, JOSEPH W P.A. - 2637 MCGORMICK DRIVE, SUITE B Filed Charge Form - CLEARWATER FL 33759 - 2/28/00 Street Address						P.O. Box Nu	mber is Not Acceptable)			
CLEARWATER FL 33750 2/28/00					City			FL	Zip Code	<u></u>
8. The above named entity submits this statement for the purpose of changing its registered office or registered						red agent, or	r both, in the State of Flor		<u> </u>	. <u></u>
SIGNATURE .								DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of							J	DATE		
9.		MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2637 MC0	VINE CORPORATION CORMICK DRIVE, SUITE ATER FL 34619	□ Ocieto				000000		□ change 1930 1021 _*****	□ Addition 03 -019 <u>*</u> 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delista						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta		1	-			Change	Addition
TITLE NAME 87REET ADDRESS CITY-87-ZIP			□ Deteta						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Deleta						Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete						Change	Addition
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 a rustee empowered to execute this report as required by Chapter 608, Florida Statutes. Consider of Constants Con										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPRUYEU