

FILED
Mar 31, 2003 8:00 am
Secretary of State

01-27-2003 90216 008 *****70.00

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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00041206

DOCUMENT # N02000003680			
1. Entity Name PROJECT BELARIUS, INC.			
Principal Place of Business 2001 NE 38 ST. #2 LIGHTHOUSE POINT FL 33064		Mailing Address 2001 NE 38 ST. #2 LIGHTHOUSE POINT FL 33064	
2. Principal Place of Business 10001 NW 50th St. Suite, Apt. #, etc. 204		3. Mailing Address 10001 NW 50th St. Suite, Apt. #, etc. 204	
City & State Sunrise FL Zip 33351 Country USA		City & State Sunrise FL Zip 33351 Country USA	
4. FEI Number 02-0607754		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, JEFFREY R 2001 NE 38 ST. #2 LIGHTHOUSE POINT FL 33064		7. Name and Address of New Registered Agent Name John R Standart Street Address (P.O. Box Number is Not Acceptable) 10001 NW 50th Street City Sunrise FL Zip Code 33351	
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 <u>Jeffrey R. Henry, President</u> 1-23-03 (NOTE: Registered agent signature required when registering.) DATE JT			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HENRY, JEFFREY R STREET ADDRESS 2001 NE 38 ST. #2 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064		TITLE P NAME Pontillo, Frank P STREET ADDRESS 1299 NE 35th Street CITY-ST-ZIP Oakland Park, FL 33334	
TITLE V NAME HENRY, VITALIA V STREET ADDRESS 2001 NE 38 ST. #2 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE CFO NAME STANDART, JOHN R STREET ADDRESS 5221 NE 17 TERRACE CITY-ST-ZIP FT. LAUDERDALE FL 33334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME ROMAN, JACQUINE STREET ADDRESS 45 NW 193 ST. CITY-ST-ZIP MIAMI FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME MILLER, MARK E STREET ADDRESS 910 SE 10 COURT CITY-ST-ZIP DEERFIELD BEACH FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jeffrey R. Henry, Pres.</u>		Date 1/23/03 Daytime Phone # 954-788-0758	