

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N36428**

1. Entity Name

BELMONT TRAINING AND EMPLOYMENT CENTER INC.

Principal Place of Business

633 N.E. 167 STREET
SUITE #910
NORTH MIAMI BEACH FL 33162

Mailing Address

633 N.E. 167 STREET
SUITE #910
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0277752

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MEJIA, KOROLLAN
1101 BAY DRIVE
MIAMI FL 33141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALLONG, RODERICK H**
CITY-ST-ZIP **7756 ALHAMBRA BLVD.
MIAMI FL**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SILVA, YVONNE**
CITY-ST-ZIP **10550 N.W. 5TH STREET
PEMBROKE PINES FL**TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **MEJIA, KOROLLAN**
CITY-ST-ZIP **1101 BAY DRIVE
MIAMI BEACH FL**TITLE ☐ Delete
NAME **O**
STREET ADDRESS **JACK, NOEL**
CITY-ST-ZIP **12864 BISCAYNE BLVD., #326
MIAMI FL**TITLE ☐ Delete
NAME **O**
STREET ADDRESS **JOSEPH, MARC DR.**
CITY-ST-ZIP **19100 N.W. 10TH AVENUE
MIAMI FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90369 001 ****61.25

04-22-2002 90369 002 ****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)