

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90118 034 \*\*\*\*61.25

**DOCUMENT # N94000002002**

1. Entity Name

**BEL AIRE II, OFFICE CONDOMINIUM ASSN., INC.**

Principal Place of Business

**2351 W. EAU GALLIE BLVD.**  
**1**  
**MELBOURNE FL 32935**

Mailing Address

**2351 W. EAU GALLIE BLVD.**  
**1**  
**MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3248364**

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

**BRUTZ, MICHAEL J ESQ.**  
**2351 W. EAU GALLIE BLVD.**  
**1**  
**MELBOURNE FL 32935**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BRUTZ, MICHAEL J</b>	
STREET ADDRESS	<b>2351 W EAU GALLIE BLVD, SUITE 1</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>VEIBL, PAULA</b>	
STREET ADDRESS	<b>1751 SARNO RD., #2</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAWLE, RICHARD</b>	
STREET ADDRESS	<b>1751 SARNO RD., #5</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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 **MICHAEL J. BRUTZ** 2/14/02 3217524810

CR2E037 (9/01)