# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2002 8:00 am**
**Secretary of State**
05-12-2002 90802 001 ***450.00

DOCUMENT # P00000054859

1. Entity Name
BELVEDERE LEISURE CORP.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE |
|---|---|---|
| 7100 W. COMMERCIAL BLVD Suite, Apt. #, etc. #207 | 4273 N. PINE ISLAND RD. Suite, Apt. #, etc. | |
| City & State: LAUDERHILL, FL | City & State: SUNRISE, FL | 4. FEI Number: 65-1032817 ☐ Applied For ☐ Not Applicable |
| Zip: 33319 Country: USA. | Zip: 33351 Country: USA. | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name: RICHARD HAYS, Esq.
Street Address (P.O. Box Number is Not Acceptable): 4273 N. PINE ISLAND RD.
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.

SIGNATURE: _____ (Signature, agent or printed name of corporate agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE: DPS<br>NAME: ROBERT VANUCCHI<br>STREET ADDRESS: 2960 N. COURSE DR. SUITE 111<br>CITY-ST-ZIP: POMPANO BEACH, FL 33069. | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |
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| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | |

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an (*) S, with all other fee empowered.

Robert Vanucchi ROBERT VANUCCHI, PRES. 04/29/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date