2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000076171

Entity Name: BELICE INVESTMENTS INC.

Apr 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

717 PONCE DE LEON BLVD STE 234 1000 PONCE DE LEON BLVD CORAL GABLES, FL 33134

SUITE 311

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

PO BOX 140309 CORAL GABLES, FL 33114

FEI Number: 65-1035980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FABRE, FRANK R.S. ESQ 717 PONCE DE LEON BLVD STE 234 CORAL GABLES, FL 33134

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CELESTRIN, BELKIS M CELESTRIN, BELKIS M Name: Name:

439 CANDIA 1000 PONCE DE LEON BLVD., SUITE 311 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: Title: (X) Change () Addition () Delete

Name: CORREA, ELIZABETH Name: CORREA. ELIZABETH

1709 GRANADA Address: 1000 PONCE DE LEON BLVD., SUITE 311 Address:

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELKIS M. CELESTRIN DP 04/15/2002