

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90042 038 ***150.00

DOCUMENT # P00000078864

1. Entity Name
 Belle Fleur, Inc.

*N/A
 FLP
 9/18/00
 (MVP)*

Principal Place of Business: 333 Alcazar Avenue, Coral Gables, FL 33134
 Mailing Address: 333 Alcazar Avenue, Coral Gables, FL 33134

00046362

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 2420 CORAL WAY

DO NOT WRITE IN THIS SPACE


City & State: MIAMI, FLORIDA
 4. FEI Number: 65-1033496
 Applied For: Not Applicable

Zip: 33145 Country: USA
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Dade Corporate Services, Inc.
 2300 Coral Way
 Suite 103
 Miami, FL 33145

7. Name and Address of New Registered Agent
 Name: Aileen Ortega, P.A.
 Street Address (P.O. Box Number is Not Acceptable): 2420 CORAL WAY
 City: MIAMI FL Zip Code: 33145

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:  DATE: 4-17-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Mario	NAME	
STREET ADDRESS	333 Alcazar Avenue	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Tony	NAME	
STREET ADDRESS	333 Alcazar Avenue	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Mario Fernandez, President, (305) 444-0883

CR2E034 (1/1/00)