

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90325 043 ***158.75

DOCUMENT # P00000080358

1. Entity Name
BELTS, INC.



Principal Place of Business
4201 SW 11TH STREET
MIAMI FL 33134

Mailing Address
4201 SW 11TH STREET
MIAMI FL 33134

2. Principal Place of Business

2500 W 84 STREET

3. Mailing Address

2500 W 84 STREET

Suite, Apt. #, etc.

8

Suite, Apt. #, etc.

8

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1083071

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, LUIS E ESO
4201 SW 11TH STREET
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

JEFF SCHWARTZ

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

5266 NW 114 AVE #106

City

MIAMI

FL

Zip Code

33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

JEFF SCHWARTZ

APRIL, 11, 03

PRESIDENT

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SCHWARTZ, JEFFREY
STREET ADDRESS 4201 SW 11TH STREET
CITY-ST-ZIP MIAMI FL 33134

TITLE VD ☐ Delete
NAME MARTINEZ-CABALLERO, ESTHELA D
STREET ADDRESS 4201 SW 11TH STREET
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 607, 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:

JEFFREY SCHWARTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

APRIL, 11/03 (305) 528-1426
Daytime Phone #

CR2E034 (10/02)