

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90135 012 \*\*\*150.00

DOCUMENT # P00000083226

1. Entity Name

BELLO CAMPO HOLDINGS, INC.

Principal Place of Business

3485 WEST FLAGLER ST SUITE 500  
MIAMI FL 33135

Mailing Address

3485 WEST FLAGLER ST SUITE 500  
MIAMI FL 33135

2. Principal Place of Business

825 BRICKELL BAY DR.

3. Mailing Address

825 BRICKELL BAY DR.

Suite, Apt. #, etc.

TOWER 3, SUITE 1849

Suite, Apt. #, etc.

TOWER 3, SUITE 1849

City & State

MIAMI, FL

City & State

MIAMI, FL 33131

Zip

33131

Country

USA

Zip

33131

Country

USA

6. Name and Address of Current Registered Agent

MACIAS, YVETTE

3485 WEST FLAGLER ST SUITE 500  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

ARMANDO PIALLO

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

825 BRICKELL BAY DR.

TOWER 3, SUITE 1849

City

MIAMI, FL

FL

Zip Code

33131

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

4/20/01

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

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, CARLOS	
STREET ADDRESS	1925 BRICKELL AVENUE SUITE D206	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELINDA ISABEL BEAUCHAMP GALVAN	
STREET ADDRESS	825 BRICKELL BAY DR. TWR 3 # 1849	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN RENE BEAUCHAMP GALVAN	
STREET ADDRESS	825 BRICKELL BAY DR. TWR 3 # 1849	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGITE BELINDA BEAUCHAMP	
STREET ADDRESS	825 BRICKELL BAY DR. TWR 3 # 1849	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN RENE BEAUCHAMP	
STREET ADDRESS	825 BRICKELL BAY DR. TWR 3 # 1849	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELINDA GILVEIRA BEAUCHAMP GALVAN	
STREET ADDRESS	825 BRICKELL BAY DR., TWR 3 # 1849	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9 2001

Date

Daytime Phone #

CR2E034 (10/00)