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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000086137 1. Entity Name BELLCOM CORPORATION INC. 04-25-2001 90022 038 ***150.00 Principal Place of Business Mailing Address 9288 W. ATLANTIC BLVD. 9288 W. ATLANTIC BLVD. STE 1112 STE 1112 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1039073 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELLER, PATRICIA M Street Address (P.O. Box Number is Not Acceptable) 9288 W. ATLANTIC BLVD. STE 1112 CORAL SPRINGS FL 33071 Zip Code 8. The above named tity submits this s the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition TITLE ☐ Delete TITLE BELLER, FERNANDO J NAME NAME STREET ADDRESS 9288 W. ATLANTIC BLVD. STE 1112 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** Change ☐ Addition ☐ Delete TITI F TITLE FERRARI, CARLOS H NAME NAME STREET ADDRESS STREET ADDRESS 9288 W. ATLANTIC BLVD. STE 1112 CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE" 🤼 TITLE Change Addition BELLER, PATRICIA M NAME NAME STREET ADDRESS STREET ADDRESS 9288 W. ATLANTIC BLVD. STE 1112 CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** Change Change ☐ Addition TITLE Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 extal 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 pastee empowered to repair this report as repuired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplemental report is true and of the corporation or the receiver or trastee empowered to changed, or on an attachment/with