

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105051

1. Entity Name
BELLE PROVENCE CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90953 031 ***150.00

Principal Place of Business
**7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433**

Mailing Address
**7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

700 S. Federal Hwy.

City & State

Suite 200-SZG
Boca Raton, FL 33432

4. FEI Number

65-1056779

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GARELLEK, STEVEN~~
**7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433**

Name

Garellek, Steven

Street

700 S. Federal Hwy., Suite 200

Boca Raton, FL 33432

City

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **PIERRE MAGRI**
CITY-ST-ZIP **VIGNES LONGUES CD 64A**
13122 VENTABREN - FRANCE

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

PIERRE MAGRI 04/18/01 305 774 9233

Date

Daytime Phone #

CR2E034 (10/00)