

2001 UNIFORM BUSINESS REPORT (UBR)

0102.32 AV

DOCUMENT # P00000113228

1. Entity Name
BELLE-AIRE PAINTING, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN 9 PM 4:50

Principal Place of Business

328 WEST OAK STREET
KISSIMMEE FL 34741

Mailing Address

328 WEST OAK STREET
KISSIMMEE FL 34741

2. Principal Place of Business

1122 N. Main St.
Ste B

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34744

Country

USA

Zip

34744

Country

USA

REINSTATEMENT

FEI Number

59-3760657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSONS, WALTER
328 WEST OAK STREET
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
Joseph Genese

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

1122 N. Main Street

Suite B

City

Kissimmee

FL

Zip Code

34744

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)

1/3/02

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 President	<input type="checkbox"/> Delete
NAME	GENEOSE, JOHN	
STREET ADDRESS	16384 S W 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Genese, Joseph	
STREET ADDRESS	214 Taranto Way	
CITY-ST-ZIP	Kissimmee FL 34758	
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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004784549-1	
STREET ADDRESS	-01/18/02--01053--002	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Genese, Joseph	
STREET ADDRESS	214 Taranto Way	
CITY-ST-ZIP	Kissimmee FL 34758	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Back	
STREET ADDRESS	1111 Roan Court	
CITY-ST-ZIP	Kissimmee FL 34759	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danial M. Brown	
STREET ADDRESS	799 Tournament Lane	
CITY-ST-ZIP	Kissimmee FL 34759	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Rodriguez	
STREET ADDRESS	306 Caen Court	
CITY-ST-ZIP	Kissimmee FL 34744	
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02. 407-343-0369

Date

Daytime Phone #

CR2E034 (5/01)