

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0242916 AV

DOCUMENT # P01000030367

1. Entity Name
BELISA CORPORATION

02-05-2002 90154 014 ***158.75

Principal Place of Business
PO BOX 547126
MIAMI BEACH FL 33154

Mailing Address
PO BOX 547126
MIAMI BEACH FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1099868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ XX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COFINO, PEDRO A ESO~~
~~COFINO & ASSOCIATES~~
~~407 LINCOLN ROAD SUITE 2B~~
~~MIAMI BEACH FL 33139~~

Name

ANTHONY L. TULLIENQUE, ESQ.

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

7098 BONTIA DRIVE

City

MIAMI BEACH

FL

Zip Code
33141

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/02

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

☒ XX

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
PINERO, BELEN
8819 HARDING AVENUE APT 5
MIAMI BEACH FL 33154

☐ Delete

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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]* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (305) 867-1578
Date Daytime Phone #

CR2E034 (9/01)