

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040500

1. Entity Name
BELLSTREAM INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-16-2002 90358 040 ***150.00

Principal Place of Business
7082 STATE ROAD 37 M
MULBERRY FL 33860

Mailing Address
7082 STATE ROAD 37 M
MULBERRY FL 33860

2. Principal Place of Business
7082 N CHURCH AVE
Suite, Apt. #, etc.

3. Mailing Address
7082 N CHURCH AVE
Suite, Apt. #, etc.

City & State
MULBERRY FL
Zip
33860 Country
USA

City & State
MULBERRY FL
Zip
33860 Country
USA

4. FEI Number
59-3712557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, B
2645 SUMMITVIEW DR
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name
PATEL ASHWINKUMAR
Street Address (P.O. Box Number is Not Acceptable)
2645 SUMMITVIEW DR
City LAKELAND FL Zip Code
33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* ASHWINKUMAR, B. PATEL 7/10/02
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 \$550.00**
After September 13, 2002 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	<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	
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	PRESIDENT
STREET ADDRESS	PATEL ASHWINKUMAR
CITY - ST - ZIP	2645 SUMMIT VIEW DR LAKELAND FL 33813
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	VANDANA A. PATEL
CITY - ST - ZIP	2645 SUMMITVIEW DR. LAKELAND, FL. 33813
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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]* NATALASHWINKUMAR PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 863-644-1882
Date Daytime Phone #

CR2E034 (4/02)