

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90065 008 ***150.00

DOCUMENT # P02000017286

1. Entity Name
BELMONT APARTMENTS, INC.



Principal Place of Business
3411 POWERLINE ROAD STE 701
FT LAUDERDALE FL 33309

Mailing Address
3411 POWERLINE ROAD STE 701
FT LAUDERDALE FL 33309

11007293



2. Principal Place of Business
2787 East Oakland Park Blvd.

3. Mailing Address
2787 East Oakland Park Blvd.

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

Zip
33306

Country
USA

Zip
33306

Country
USA

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

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

TEPPS, JEROME L
3411 POWERLINE ROAD STE 701
FT LAUDERDALE FL 33309

Name
Jerome L. Teppes
Street Address (P.O. Box Number is Not Acceptable)

2787 East Oakland Park Blvd., Suite 202
City
Fort Lauderdale, FL **Zip Code**
33306

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **TEPPS, JEROME L**
STREET ADDRESS **3411 POWERLINE ROAD STE 701**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **D/P/S** ☒ **Change** ☐ **Addition**
NAME **Jerome L. Teppes**
STREET ADDRESS **2787 East Oakland Park Blvd., Suite 202**
CITY-ST-ZIP **Fort Lauderdale, Florida 33306**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 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

Date

Daytime Phone #

1-10-03

954 503 2852

CR2E034 (10/02)