

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 019 ***150.00

DOCUMENT # P02000080417

1. Entity Name
BELCAST, CORP



Principal Place of Business
**1560 SAWGRASS CORPORATE PARKWAY
400
SUNRISE, FL 33323**

Mailing Address
**1560 SAWGRASS CORPORATE PARKWAY
400
SUNRISE, FL 33323**

2. Principal Place of Business
19111 COLLINS AVENUE

3. Mailing Address
19111 COLLINS AVENUE

Suite, Apt. #, etc.
3205

Suite, Apt. #, etc.
3205

City & State
SUNNY ISLES BEACH, FL

City & State
SUNNY ISLES BEACH, FL

Zip **33160** Country **USA**

Zip **33160** Country **USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2367606** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SERVERMAX TELECOM CORP
1560 SAWGRASS CORPORATE PARKWAY
450
SUNRISE, FL 33323**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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's signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BELOUCHE CLAVO, RENATO M**
STREET ADDRESS **1660 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **CASTEJON RODRIGUEZ YEMILE B.**
STREET ADDRESS **19111 COLLINS AVENUE # 3205**
CITY-ST-ZIP **SUNNY ISLES BEACH, FL 33160**

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

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

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

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: **BELOUCHE CLAVO, RENATO M.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2003

Date

Daytime Phone #

CR2E034 (10/02)