


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90275 036 \*\*\*150.00

**DOCUMENT #** P03000052914

**1. Entity Name**  
BELLE PARETE, INC.



**DO NOT WRITE IN THIS SPACE**

**66424764**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
1740 12th Ave N.E.  
Suite, Apt. #, etc.  
City & State NAPLES, FL  
Zip 34120 Country CUCKEL

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State SAME  
Zip Country

**4. FEI Number** 41-2095414 Applied For ☐ Not Applicable ☐

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name CHRISTIAN A. FERNANDEZ  
Street Address (P.O. Box Number is Not Acceptable)  
City NAPLES 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** CHRISTIAN A. FERNANDEZ  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when resigning))  
DATE

**FEE IS \$8.75**  
Initial or Amended UBR

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <u>PRESIDENT</u> <b>NAME</b> <u>CHRISTIAN A. FERNANDEZ</u> <b>STREET ADDRESS</b> <u>1740 12th Ave. N.E.</u> <b>CITY-ST-ZIP</b> <u>NAPLES, FL 34120</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <u>VP</u> <b>NAME</b> <u>KARINA A. RUDE FERNANDEZ</u> <b>STREET ADDRESS</b> <u>1740 12th Ave. N.E.</u> <b>CITY-ST-ZIP</b> <u>NAPLES, FL 34120</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
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**DO NOT WRITE IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

**SIGNATURE:** CHRISTIAN A. FERNANDEZ 04/20/04  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E0375 (12/02)