Amended

2,009 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000040058

FILED
09 DEC 31 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MISTER BELT, INC

Principal Place of Business
2033 NW 22 Ct
Miami, Fl 33142

Mailing Address
Same

2. Principal Place of Business
2033 NW 22 Ct, Miami, Fl

Suite Apt # etc

City & State
Miami, Fl 33142

Zip
33142

Country
Miami-Dade

3. Mailing Address
Same as # 2

Suite Apt #, etc

City & State
Same as # 2

Zip
33142

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
51-0604423

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAYMOND CANO
15442 SW 146 St.
Miami, Fl 33196

7. Name and Address of New Registered Agent
Name
WEALVET RIVERA
Street Address (P.O. Box Number is Not Acceptable)
15442 SW 146 St.
City
Miami, Fl 33196
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 X Wealvet Rivera 12/01/09
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning) Date

FILING FEE IS $100.00
Add $5.00 Fee if Not Filed Electronically
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-S-T-D XXX☒ Delete
NAME	RAYMOND CANO
STREET ADDRESS	15442 SW 146 St.
CITY-ST-ZIP	Miami, Fl
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

TITLE	☐ Change ☐ Addition
NAME	600164083406
STREET ADDRESS	12/31/09--01032--002 **61.25
CITY-ST-ZIP	
TITLE	P-S-D xxx☒ Change ☐ Addition
NAME	WEALVET RIVERA
STREET ADDRESS	15442 sW 146 St
CITY-ST-ZIP	Miami, Fl
TITLE	VP-D ☐ Change XX☒ Addition
NAME	REYITO CANO
STREET ADDRESS	15442 SW 146 St
CITY-ST-ZIP	Miami, Fl
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: X SIGNATURE RECEIVED Wealvet Rivera 12/01/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #