## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 27, 2002 8:00 ams Secretary of State DOCUMENT # P14382 1. Entity Name 05-27-2002 90462 043 \*\*\*150.00 BELCO REALTY, INC. Principal Place of Business Mailing Address ONE EAST LIBERTY ST 416 ONE EAST LIBERTY ST 416 **RENO NV 89501 RENO NV 89501** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 88-0224557 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT R. BELLAMY RAWLS, B. D Street Address (P.O. Box Number is Not Acceptable) 3535 HIAWATHA AVENUE SUITE 101 4649 PONCE DE LEON BLVD STE 403 **CORAL GABLES FL 33146** Zip Code 33133 City MIAMI 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. Robert R. Bellamy, President (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F **PSD** ☐ Change X Addition TITLE X Delete **PTDA** NAME NAME ROBERT R. BELLAMY OXLEY, PAUL STREET ADDRESS STREET ADDRESS 1541 BRICKELL AVE. #A401 3535 HIAWATHA AVENUE SUITE 101 CITY-ST-ZIP CITY-ST-ZIP MIÀMI FL <u>MIAMI FL 33133 </u> TITLE ☐ Change X Addition X Delete VTD THILE VSD NAME NAME BRIAN J. MCMERTY RAWLS, B. D. STREET ADDRESS 3048 RIVER ROAD SE STREET ADDRESS 4649 PONCE DE LEON BLVD., SUITE 403 CITY-ST-ZIP CITY-ST-ZIP WINNABOW NC 28479 CORAL GABLES FL ☐ Delete TITLE ☐ Change X Addition TITLE ASSIST SEC NAME SUSAN KOZUSNIK NAME STREET ADDRESS STREET ADDRESS 3535 HIAWATHA AVENUE SUITE 101 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: JAMES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR