

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25881

1. Entity Name  
BELGRANO PROPERTIES CORP.

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90076 026 \*\*\*150.00

Principal Place of Business  
316 N.E. 2ND STREET  
MIAMI FL 33132

Mailing Address  
316 N.E. 2ND STREET  
MIAMI FL 33132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0156394

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JORGE CHAN  
1825 COLLINS AVE  
MIAMI BEACH FL 33139

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LUZZIE DE RIANDE, YOLANDA ☐ Delete  
STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS  
CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

TITLE  
NAME LUZZI DE RIANDE, YOLANDA ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME RIANDE DE VICTORIA, LUCIA ☐ Delete  
STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS  
CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

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

TITLE T  
NAME RIANDE LUZZI, DOLORES ☐ Delete  
STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS  
CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

TITLE  
NAME RIANDE LUZZI, DOLORES ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C  
NAME LUZZI DE ALVARADO, MAXINE ☐ Delete  
STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS  
CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

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

TITLE V  
NAME RIANDE, NOEL ANTONIO ☒ Delete  
STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS  
CITY-ST-ZIP PANAMA 7, REP. DE PANAMA

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/02/02

CR2E034 (9/01)