

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0022514  
44

05-01-2003 90204 022 \*\*\*150.00

**DOCUMENT # P.25881**



1. Entity Name  
**BELGRANO PROPERTIES CORP.**

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

**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  
**PETER AVINO**  
Street Address (P.O. Box Number is Not Acceptable)  
1825 COLLINS AVE.  
MIAMI BEACH  
City  
FLORIDA FL Zip Code  
33139

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]* **Peter Avino** DATE **4-8-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUZZI DE RIANDE, YOLANDA</b> VIA ESPANA Y CALLE RICARDO ARIAS PANAMA 7, REPUBLIC OF PANAMA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIANDE DE VICTORIA, LUCIA</b> VIA ESPANA Y CALLE RICARDO ARIAS PANAMA 7, REPUBLIC OF PANAMA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RIANDE LUZZI, DOLORES</b> VIA ESPANA Y CALLE RICARDO ARIAS PANAMA 7, REPUBLIC OF PANAMA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LUZZI DE ALVARADO, MAXINE</b> VIA ESPANA Y CALLE RICARDO ARIAS PANAMA 7, REPUBLIC OF PANAMA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 applicable.

CR2E034 (10/02)