

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90255 041 ***150.00

DOCUMENT # P39481

1. Entity Name

BELLOC HOLDINGS LIMITED, INC.

Principal Place of Business

16129 RIO FLORIDA DR
HINCKS ST., MUSSON BLDG.
WHITIER CA 90603
US

Mailing Address

C/O SILVERMAN & VICENS
1550 MADRUGA AVE. SUITE 406
CORAL GABLES FL 33146
US

2. Principal Place of Business

2371 Rustic Gateway

3. Mailing Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1100

City & State

Hacienda Heights CA

City & State

Coral Gables FL

4. FEI Number

52-1701103

Applied For

Not Applicable

Zip

91745

Country

Zip

33134

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

VICENS, ROLANDO
1550 MADRUGA AVENUE SUITE 406
CORAL GABLES FL 33146

Name

SAUL SILVERMAN

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD #1100

City

CORAL GABLES

FL

Zip Code

33134

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

SAUL SILVERMAN

Saul H Silverman

3/19/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, TREVOR A. STAPLE GROVE HOUSE BARBADOS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOCK, YOLANDA 16129 RIO FLORIDA DR WHITIER CA 90603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMBRANO, JOSE LUIS 16129 RIO FLORIDA DR WHITIER CA 90603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2371 Rustic Gateway Hacienda HTS CA 91745	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2371 RUSTIC GATEWAY HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

Daytime Phone #

CR2E034 (10/00)