

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90336 015 ***150.00

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DOCUMENT # P93000016258

1. Entity Name
BELAIRE INDUSTRIES OF BREVARD, INC.

Principal Place of Business 160 MALABAR RD STE 112 PALM BAY FL 32907 US	Mailing Address 7786 MANGO GROVE MELBOURNE FL 32904 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 135 Bayshore Dr. Suite, Apt. #, etc.
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City & State Melb. Beach, Fl.	4. FEI Number 59-3167855	Applied For <input type="checkbox"/> Not Applicable
Zip 32951	Country Brevard	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BUCCA, ANNETTE
 160 MALABAR RD
 STE 112
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STD	BUCCA, ANNETTE		
160 MALABAR RD 112			
PALM BAY FL 32907			
PD	BUCCA, CHARLES		
160 MALABAR RD 112			
PALM BAY FL 32907			
VP	BUCCA, STEPHEN		
160 MALABARA RD 112			
PALM BAY FL 32907			

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: Annette Bucca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.01 321-956-1234
Date Daytime Phone #

CR2E034 (10/00)