

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041666

1. Entity Name

BOCA BELLE, CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90073 009 ***150.00

Principal Place of Business

Mailing Address

%ROBERT F. HUDSON, JR.
 701 BRICKELL AVE., SUITE 1600
 MIAMI FL 33131

%ROBERT F. HUDSON, JR.
 701 BRICKELL AVE., SUITE 1600
 MIAMI FL 33131-2852

2. Principal Place of Business
 1200 Brickell Avenue

3. Mailing Address
 1200 Brickell Avenue

Suite, Apt. #, etc.
 19th Floor

Suite, Apt. #, etc.
 19th Floor

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

4. FEI Number
 65-0421746

Applied For
 Not Applicable

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

HUDSON, ROBERT F
 701 BRICKELL AVE.
 SUITE 1600
 MIAMI FL 33131

Name
 Bellestar Management Corp.
 Street Address (P.O. Box Number is Not Acceptable)
 6001 Broken Sound Parkway, N.W., Suite 408
 City Boca Raton FL Zip Code 33487

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.
 Bellestar Management Corp.

SIGNATURE By:

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent must be a resident of Florida.)
 Joseph Lavette, Vice President LEAN BLANCHARD, PRESIDENT 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, 2000 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	PD BLANCHARD, JEAN C/ RODRIGUEZ MARIN #92 28016 MADRID, SPAIN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLANCHARD, CRISTINA C/RODRIGUEZ MARIN #92 28016 MADRID SP	<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		<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
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

APR 24 2000

Date Daytime Phone #

CR2E034 (9/99)