2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

Principal Place of Business

P94000030452

Mailing Address

1. Entity Name

BELMAR INTERNATIONAL, INC.



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90021 014 ***150.00

716 NE 7TH STREET GAINESVILLE FL 32601 US 2. Principal Place of Business			GAINESVILLE FL 320 US	716 NE 7TH STREET GAINESVILLE FL 32601 US 3. Mailing Address							
2. Thropair lace of dusiness			o. Walling Address	3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			59-3237672 H-1			oplied For ot Applicable	
Zip Country			Zip	Cour	ntry					75 Additional Required	
·	6. Name	and Address of Curi	rent Registered Agent	l	<u> </u>	7.	Name and Address of New Re				
					Name				<u>~</u>		
	7th Stree		and the same supposed			Street Address (P.O. Box Number is Not Acceptable)					
GAINESVI	LLE FL 326	01			City		<u> </u>	FL	Zip Cod	le	
the obligat	tions of regist		nt for the purpose of changi	ng its register	ed office or regist	ered ag	ent, or both, in the State of Flor	ida. I am fa	amiliar with,	and accept	
SIGNATURE .		or printed name of registered a	agent and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when r	einstating)	DATE			
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550 Florida Departmen	.00				Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS A	AND DIRECTORS	11.		ΑE	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, SU 716 NE 71 GAINESVIL	'H STREET	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-	1				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	on this repor poration or th	t or supplemental repo e receiver or trustee e	with this filing does not qual ort is true and accurate and	STRE CITY TITLE NAM STRE CITY lify for the exe that my signal eport as requi	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP Imption stated in Sture shall have the	e same	119.07(3)(i), Florida Statutes. I i legal effect as if made under oa da Statutes; and that my name	ath; that I ar	fy that the in	nformati or direc	