

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058813 (3)
 City No.

BELLO CONSTRUCTION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91118 012 ***150.00

Principal Place of Business Mailing Address
 13142 N.E. 3Ct.
 N.Miami.Fl.33161

C0057288

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 65-0606468 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Bello, Luis
 13142 N.E. 3Ct.
 N.Miami, Fl. 33161

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Signature of registered agent, if any, shall be printed and filed if applicable. (If not, the signature of the registered agent shall be printed and filed.)

This corporation is eligible to satisfy its tangible personal property requirements 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
1. NAME	Bello, Luis ☐ Delete	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	13142 N.E. 3Ct.	2. STREET ADDRESS	
3. CITY, ST, ZIP	N.Miami, Fl. 33161	3. CITY, ST, ZIP	
4. NAME	Bello, Luis ☐ Delete	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	13142 N.E. 3Ct.	5. STREET ADDRESS	
6. CITY, ST, ZIP	N.Miami, Fl. 33161	6. CITY, ST, ZIP	
7. NAME	☐ Delete	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME	☐ Delete	10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME	☐ Delete	13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	

I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.02, 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 made under oath by any 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 Part 11 or other part changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis M. Bello*, Luis M. Bello, President 4/19/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10-00)