

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90141 003 ***150.00

DOCUMENT # P96000054050

1. Entity Name

DDGC/BELMONT PROPERTIES, INC.

Principal Place of Business

Mailing Address

**2400 EAST LAS OLAS
 STE A
 FORT LAUDERDALE FL 33301
 US**

**1402 EAST LAS OLAS BLVD.
 SUITE 212
 FORT LAUDERDALE FL 33301-2336**

2. Principal Place of Business

3. Mailing Address

1314 EAST LAS OLAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0666851

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

USA

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

**DELANO, LYNN
 3320 NE 15 ST
 FORT LAUDERDALE FL 33304**

Name

LYNN DELANO

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

111 SEMINOLE DRIVE

City

FORT LAUDERDALE

Zip Code

33304

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

[Handwritten Signature]

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, 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	RA	<input type="checkbox"/> Delete
NAME	DELANO, LYNN	
STREET ADDRESS	3320 NE 15TH ST	
CITY-ST-ZIP	FL LAUDERDALE FL 33304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACK, ELLA	
STREET ADDRESS	11500 SW 16 ST	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE	P	<input type="checkbox"/> Delete
NAME	FISHER, MARLEY	
STREET ADDRESS	2400 E LAS OLAS BLVD, STE A	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN DELANO	
STREET ADDRESS	111 Seminole Dr.	
CITY-ST-ZIP	Fort Lauderdale FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE