

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90009 013 ***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**

**1314 EAST LAS OLAS
 SUITE 212
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0666851

Applied For

Not Applicable

Zip

Country

Zip

Country

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 13 ST 1111 SEMINOLE DR.
 FORT LAUDERDALE FL 33304**

Name

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

City

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

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**RA
 DELANO, LYNN
 1111 SEMINOLE DRIVE
 FL LAUDERDALE FL 33304** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VP
 BLACK, ELLA
 11500 SW 16 ST
 DAVIE FL 33326** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 FISHER, MARLEY
 2400 E LAS OLAS BLVD, STE A
 FT LAUDERDALE FL 33301** ☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ 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:

Lynn DeLano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN DELANO

Date

Daytime Phone #

CR2E034 (10/00)