

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091577

1. Entity Name

BELLEVUE INVESTMENTS INCORPORATED

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90139 003 ***150.00

Principal Place of Business

7129 VIA FIRENZE
BOCA RATON FL 33433

Mailing Address

7129 VIA FIRENZE
BOCA RATON FL 33433-1044

2. Principal Place of Business

c/o Halliday Group Realty Management, Inc.

Suite, Apt. #, etc.

1100 SE Third Ave., 2nd Floor

City & State

Fort Lauderdale, FL

Zip
33316-1110

Country
USA

3. Mailing Address

c/o Halliday Group Realty Management, Inc.

Suite, Apt. #, etc.

1100 SE Third Ave., 2nd Flr.

City & State

Fort Lauderdale, FL

Zip
33316-1110

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0718275

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

ISAACS, SIMEON
7129 VIA FIRENZE
BOCA RATON FL 33433

Name

John C. Halliday III

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

Halliday Group Realty Management, Inc.

1100 SE Third Avenue, Second Floor

City

Fort Lauderdale, FL

FL

Zip Code

33316-1110

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

John C. Halliday III
Signature, typed or printed name of registered agent and time applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/00

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	ISAACS, SIMEON	
STREET ADDRESS	7129 VIA FIRENZE	
CITY-ST-ZIP	BOCA RATON FL 33433	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isaacs, K. David	
STREET ADDRESS	61 Cederhurst Avenue	
CITY-ST-ZIP	Lawrence, NY 11559	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/2000

Date

(954) 767-0700

Daytime Phone #

CR2E034 (9/99)