

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90633 018 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P96000091577**

1. Entity Name  
**BELLEVUE INVESTMENTS INCORPORATED**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O HALLIDAY GROUP REALTY MGMT INC<br/>1100 SE THIRD AVE., 2ND FLOOR<br/>FORT LAUDERDALE FL 33316-1110<br/>US</b> | Mailing Address<br><b>C/O HALLIDAY GROUP REALTY MGMT INC<br/>1100 SE THIRD AVE., 2ND FLOOR<br/>FORT LAUDERDALE FL 33316-1110<br/>US</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>C/O Halliday Group Realty Management, Inc.</b> | 3. Mailing Address<br><b>C/O Halliday Group Realty Management, Inc.</b> |
|---|---|

|  |  |
|--|--|
| Suite, Apt. #, etc.<br><b>1800 SE Tenth Ave., #300</b> | Suite, Apt. #, etc.<br><b>1800 SE Tenth Ave., #300</b> |
|--|--|

☒ CHECK HERE IF MAKING CHANGES

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| City & State<br><b>Fort Lauderdale, FL</b>                | City & State<br><b>Fort Lauderdale, FL</b> | 4. FEI Number<br><b>65-0718275</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33316</b>                                       | Country<br><b>USA</b>                      | Zip<br><b>33316</b>                   | Country<br><b>USA</b>                                  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>HALLIDAY, JOHN C III<br/>HALLIDAY GROUP REALTY MGMT INC<br/>1100 SE THIRD AVE SECOND FLOOR<br/>FORT LAUDERDALE FL 33316-1110</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>John C. Halliday III</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Halliday Group Realty Management, Inc.</b><br><b>1800 SE Tenth Avenue, Suite 300</b><br>City<br><b>Fort Lauderdale</b> <b>FL</b> Zip Code<br><b>33316</b> |
|--|--|

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>ISAACS, SIMEON<br/>7129 VIA FIRENZE<br/>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>ISAACS, K. DAVID<br/>61 CEDERHURST AVE<br/>LAWRENCE NY 11559</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Simeon E. Isaacs **SIGNATURE REQUIRED** 2-12-03 (954) 767-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Simeon E. Isaacs Date Daytime Phone #