

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063108

1. Entity Name

BELTCHEV FINANCING CORP.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90056 004 ***150.00

Principal Place of Business

Mailing Address

4595 CHANCELLOR ST NE
AP 340
ST PETE FL 33703
US

4595 CHANCELLOR ST NE
AP 340
ST PETE FL 33703-4332
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1382137

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

BORISLAU, BELTCHEV
4595 CHANCELLOR ST NE #340
ST PETE FL 33703

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]

VSD

1-31-00

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BELTCHEV, BELTCHO	
STREET ADDRESS	8800 BLIND PASS RD, UNIT 8	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BELTCHEV, BORISLAV	
STREET ADDRESS	8800 BLIND PASS RD, UNIT 8	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELTCHEY, NATALIA A	
STREET ADDRESS	4595 CHANCELLOR ST NE #339	
CITY-ST-ZIP	ST PETE FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

727 526754

Date

Daytime Phone #