

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077078

1. Corporation Name
BELMONT LEASING CORP.

Principal Place of Business
1036 SOUTH MIAMI AVENUE
MIAMI FL 33130

Mailing Address
151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134
US

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90008 046 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

65-0780447

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1036 SOUTH MIAMI AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33130

Country

25 USA

2a. Mailing Address

26 2121 POCE DE LEON BLVD.

Suite, Apt. #, etc.

27 SUITE 240

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVENUE #C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD. # 240

83

84 City

CORAL GABLES,

FL

85 Zip Code
33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D CARVALHO, JOSE B
STREET ADDRESS
1036 SOUTH MIAMI AVENUE
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ DELETE

NAME
D CARVALHO, SUSAN P
STREET ADDRESS
1036 SOUTH MIAMI AVENUE
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ DELETE

NAME
D RIBEIRO, EDSON M
STREET ADDRESS
1036 SOUTH MIAMI AVENUE
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ DELETE

NAME
D RIBEIRO, FERNANDO D
STREET ADDRESS
1036 SOUTH MIAMI AVENUE
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ DELETE

NAME
D RIBEIRO, RAFAEL D
STREET ADDRESS
1036 SOUTH MIAMI AVENUE
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
D, P, C.
CARVALHO, JOSE BRAULIO
1.3 STREET ADDRESS
1036 SOUTH MIAMI AVENUE
1.4 CITY-ST-ZIP
MIAMI, FL 33130

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
D, S.
CARVALHO, SUSAN P.
2.3 STREET ADDRESS
1036 SOUTH MIAMI AVENUE
2.4 CITY-ST-ZIP
MIAMI, FL 33130

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
D, T.
RIBEIRO, EDSON M.
3.3 STREET ADDRESS
1036 SOUTH MIAMI AVENUE
3.4 CITY-ST-ZIP
MIAMI, FL 33130

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
D.
RIBEIRO, FERNANDO D.
4.3 STREET ADDRESS
1036 SOUTH MIAMI AVENUE
4.4 CITY-ST-ZIP
MIAMI, FL 33130

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0198151