

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90233 032 ***158.75

DOCUMENT # P97000077078

1. Entity Name
BELMONT LEASING CORP.

Principal Place of Business 1036 SOUTH MIAMI AVENUE MIAMI FL 33130 US	Mailing Address 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES FL 33134 US
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00016069



DO NOT WRITE IN THIS SPACE

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 65-0780447	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRATS, GABRIEL
 2121 PONCE DE LEON BLVD
 #240
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ (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	
TITLE NAME DPC CARVALHO, JOSE B	<input type="checkbox"/> Delete
STREET ADDRESS 1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP MIAMI FL 33130	
TITLE NAME DS CARVALHO, SUSAN P	<input type="checkbox"/> Delete
STREET ADDRESS 1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP MIAMI FL 33130	
TITLE NAME DT RIBEIRO, EDSON M	<input type="checkbox"/> Delete
STREET ADDRESS 1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP MIAMI FL 33130	
TITLE NAME D RIBEIRO, FERNANDO D	<input type="checkbox"/> Delete
STREET ADDRESS 1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP MIAMI FL 33130	
TITLE NAME D RIBEIRO, RAFAEL D	<input type="checkbox"/> Delete
STREET ADDRESS 1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP MIAMI FL 33130	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 entries.

SIGNATURE: _____ **01-20-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

01-18