

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90055 013 ***150.00

DOCUMENT # P97000079974

1. Entity Name

BEL AIR PROPERTY MANAGEMENT & MAINTENANCE, INC.

Principal Place of Business

4700 HIATUS RD. STE 143-A
STE 255
SUNRISE FL 33351

Mailing Address

4700 HIATUS RD. STE 143-A
STE 255
SUNRISE FL 33351

2. Principal Place of Business

PO Box 771615
Suite, Apt. #, etc.

3. Mailing Address

PO Box 771615
Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs FL

Zip

33077

Country

Broward

Zip

33077

Country

Broward

4. FEI Number

65-0782866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, TODD
4700 HIATUS RD, STE 143-A
STE 255
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
Fisher, Todd

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

S. Todd Fisher Pres.
S. Todd Fisher Pres.

4/27/01
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
PVS
FISHER, TODD
STREET ADDRESS
4700 HIATUS RD STE 255
CITY-ST-ZIP
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
T
FISHER, DEANNA
STREET ADDRESS
4700 HIATUS RD STE 255
CITY-ST-ZIP
SUNRISE FL 33351 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

S. Todd Fisher Pres.
S. Todd Fisher Pres 4/27/01 564-752-5293
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)