

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90246 019 ***158.75

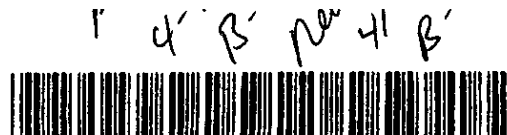
DOCUMENT # P98000030016

1. Entity Name
BELIAN ENTERPRISES, INC.



Principal Place of Business
**10018 WEST MCNAB RD. STE 126
TAMARAC FL 33321**

Mailing Address
**10018 WEST MCNAB RD. STE 126
TAMARAC FL 33321**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849440

Applied For
Not Applicable

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DOCUMENT # P98000030016

1. Entity Name
BOLCH, LAURE ESO
**555 S FEDERAL HWY, STE 400
BOCA RATON FL 33432**



Principal Place of Business
**10018 WEST MCNAB RD. STE 126
TAMARAC FL 33321**

Mailing Address
**10018 WEST MCNAB RD. STE 126
TAMARAC FL 33321**

City

FL

Zip Code

I, 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

3. Mailing Address

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be
Added to Fees

4. FEI Number

65-0849440

Applied For

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

PSD
SHAW, KARIN B
10018 WEST MCNAB RD. STE 126
TAMARAC FL 33321
BOLCH, LAURE ESO
555 S FEDERAL HWY, STE 400
BOCA RATON FL 33432

5. Certificate of Status Desired
\$8.75 Additional
Fee Required
7. Name and Address of New Registered Agent
Change
Addition
FL
Zip Code
Change
Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

9. Election Campaign Financing
\$5.00 May Be
Added to Fees

4. FEI Number

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Applied For

PSD
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\$8.75 Additional
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SIGNATURE: Karin B. Shaw
KARIN B. SHAW
4-4-03
954-22-400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #