FILED

2002 HNIEORM RUSINESS REPORT (HRR)

DOCUMENT # P9800056727 1. Entity Name BELLARIA INVESTMENT COMPANY, INC.							Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90065 029 ***150.00				
Principal Place of Business 359 HIBISCUS PALM BEACH FL 33480			Mailing Address 359 HIBISCUS PALM BEACH FL 33480					14 13 111 18 181 312	10 Billio 1112	111); 1 14 1 1 14 1	
2. Principal P	lace of Busin	ess	3. Mailing Address				<u> </u>		if Billii 1 8718 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number 65-0847988			plied For t Applicable	
Zip	Country		Zip	· .		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. N	lame and Address of New Ro	egistered Ag	ent		
GORDON, LEE B 350 ROYAL PALM WAY, #403 PALM BCH FL 33480					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code)	
SIGNATURE	Signature, typed	y submits this statement for submits this statement for submits registrated agent an ible to satisfy its Intangible	sun	: Registere	d Agent signature i	required when re	ent, or both, in the State of Flo	DATE	\$5.00	2 0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			of State	Trust Fund Contribution	1.	Added	to Fees	
11.	-	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOVSEPI/ 359 HIBIS PALM BE/		☐ Delete					l	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete				 ಬಳ ು		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I .			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		□ Delete		1			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STR	E		,		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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE

Date

Daytime Phone #