## 2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90019-042-\$150.00-\$150.00

			-1-								:	
DOCUMENT # P98000063098 1. Entity Name						FILED						
J.M. BEL	Y		a	00 OCT	-6 PH	1: 55	ı. I					
Principal Place		۱ ا	So		• • • • • • • • • • • • • • • • • • • •							
,	VOEST 12TH STREET	Mailing Address 17231 SOUTHWOEST 12TH STREET PEMBROKE PINES FL 33029					SECRET TALLAH/	TARY OF ASSEE, FI	STATE ORIDA	<b>(</b> )		
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2. Principal P	face of Business	3. Mailing Address					8 (8)61 (8)() 44()( ES()( )		HI 11 69 11 3 11			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SP	ACE			
City & State		City & State			4. F	El Number	65-0859234		No	oplied For ot Applicable		
Zip	Country	Zip Coun		ntry	5. Certificate of S			Status Desired				
	6. Name and Address of Current F	egistered Agent	- · · · · ·	- Nama-	7. 1	lame and A	ddress of New Re	glstered Ag	ent		<u> </u>	
17231 SOUTHWOEST 12TH STREET												
					s (P.O. Box Number is Not Acceptable)							
PEM												
	City FL Zip Code							ļ				
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 .												
Signature, typed or printed name of registered agent and tute if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					tion Campaign Fina Fund Contribution		\$5.0 Added	O May Be I to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/C	HANGES TO OFFI				6	
TITLE NAME	PSO Bellin, Jean M	Delete	TITL					•	Change	Addition	8	
STREET ADDRESS	17231 SOUTHWOEST 12TH STRI	ET		EET ADDRESS			geoor	37.75F	nond-	3024	CRZE034-9/99	
TITLE	PEMBROKE PINES FL 33029	☐ Delate	CITY	-ST-ZIP			***	*400.0(	] ************************************	<u>**400 , 0</u> 1	뜅	
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NAME STREET ADDRESS			NAM STRI	ET ADORESS		<b>'</b>						
CITY-ST-ZIP	·	- 	CITY	-ST-ZIP								
13. I hereby of indicated	certify that the information supplied with on this report or supplemental eport is	this filling does not qualify to true and accurate and that r	r the exe	mption stated in Sture shall have the	Section of same	119.07(3)(i). legal effect	Florida Statutes. I as if made under o	further certify ath; that I am	y that the is an officer	nformation or director Rlock 12 if		
13. I hereby certify that the information supplied with this filling 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 deport 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 true ee 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 attachmentation aryadoress, with at other like empowered.												
SIGNATURE: 5 1066 SIGNATURE: 5 1066												
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER	OR DIREC	TOR			Dáie	Day	ime Phone #		l	