2000 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # P98000087517  1. Entity Name					Feb 16, 2000 8:00 am Secretary of State			
BELNAZ	HOLDINGS, INC.	and June				ary 01 51 190043 036 ***1:		
		····			02-10-2000	90043 030 ***1.	30.00	
Principal Place of Business		Mailing Address						
708 N.E. 26TH AVENUE HALLANDALE FL 33009 US		708 N.E. 26TH AVENUE HALLANDALE FL 33009-2941 US			Π <b>ብ</b> :Ω Τ∙Ω.Ο Τ Ω			
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2. Principal Place of Business 2154 N.W. 23 RD CT.		3. Mailing Address 2154 N.W. 23 RO CT		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State MIAMI, FLORIOA		4. FEIN	umber 65-0874228	<b>₹</b>	Applied For Not Applicable	
MIAMI: FLORIDA  Zip Country		Zip	Country	5. Certif	icate of Status Desired	\$8.75 A	dditional	
33.14	6. Name and Address of Current R	33142 egistered Agent	DADE		and Address of New R	Fee Requi	red	
				ELLA				
708 1	N.E. 26TH AVENUE		Street Addres		20. Box Number is Not Acceptable, CT.			
HALL	ANDALE FL 33009		City			<b>₽</b> ■ Zio C		
				AMI_	as bath in the Ctate of Ele		3142	
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.    1 - 25 - 00								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required to					ng)	DATÉ	<del>00</del>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00				) 10	Election Campaign Fin		.00 May Be	
	equirement and elects to do so. ria on back)	Make Check Payable		State 🗸	Trust Fund Contribution		led to Fees	
11. TITLE	OFFICERS AND D	Delete	12.	ADDITIO	ONS/CHANGES TO OFF	ICERS AND DIRECTO	1 :	
NAME STREET ADDRESS	GALUSTYANTS, BELLA 708 N.E. 26TH AVENUE		NAME STREET ADORESS					
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP					
TITLE NAME	SD   Boulmarouf, Naziha	☐ Delete	TITLE NAME	_		Change .	e Addition	
STREET ADDRESS CITY-ST-ZIP	7004 BOULEVARD EAST, #10-B GUTTENBERG NY 07093				-RATOGA :	•		
TITLE		Delete	_ TITLE			- Change	e- 🔲 Addition	
NAME Street Address	(4		NAME STREET ADDRESS					
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE			Change	e Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	······				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	e	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	e Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				}	
CITY-ST-ZIP  13. I hereby of	certify that the information supplied with t	this filing does not qualify for	CITY-ST-ZIP the exemption stated in	Section 119.0	07(3)(i), Florida Statutes.	I further certify that the	e 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.								
SIGNAT	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	la Gall	USTYOU	50	1-25	רל י		
SIGNAL	GNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	OR DIRECTOR		Date	Daytime Phone	*	