

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90042 012 ***150.00

DOCUMENT # P98000087517

1. Entity Name

BELNAZ HOLDINGS, INC.

Principal Place of Business

713
708 NE 26TH AVENUE
HALLANDALE FL 33009
US

Mailing Address

713
708 NE 26TH AVENUE
HALLANDALE FL 33009
US

B0034389



2. Principal Place of Business

713 NE 26TH AVENUE

3. Mailing Address

713 NE 26TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

65-0874228

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALUSTYANTS, BELLA

~~2154 NW 28th ST~~ **713 NE 26TH AVENUE**
~~MIAMI FL 33142~~ **HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
NAME **PD GALUSTYANTS, BELLA**
STREET ADDRESS **713 N.E. 26TH AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME **SD BOULMAROUF, NAZIHA**
STREET ADDRESS **22 SARATOGA DR**
CITY-ST-ZIP **JERICHO NY 11753**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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: Bella Galustyants

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-2002 954-455-2897

Date

Daytime Phone #

CR2E034 (9/01)