

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90153 014 ***150.00

DOCUMENT # P99000000168

1. Entity Name
BELOKI INC.



Principal Place of Business
**7307 NW 79TH TERRACE
MIAMI FL 33166**

Mailing Address
**7307 NW 79TH TERRACE
MIAMI FL 33166**

2. Principal Place of Business
2184 N.W. 89TH PLACE

3. Mailing Address
2184 N.W. 89TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL. 33172

City & State
MIAMI, FL. 33172

4. FEI Number
65-0903464

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PINEDA, YOLANDA
7307 NW 79TH TERRACE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
PINEDA, YOLANDA
Street Address (P.O. Box Number is Not Acceptable)
2184 N.W. 89TH PLACE
MIAMI, FL. 33172
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-21-2003

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALVAREZ, JOSE CARLOS
7307 NW 79TH TERRACE
MIAMI FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TORRES DE ALVAREZ, LUCIA DAMELIS
7307 NW 79TH TERRACE
MIAMI FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALVAREZ, JOSE CARLOS
2184 N.W. 89TH PLACE
MIAMI, FL. 33172** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TORRES DE ALVAREZ, LUCIA DAMELIS
2184 N.W. 89TH PLACE
MIAMI, FL. 33172** ☐ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-2003 305-593-5765

Date Daytime Phone #

CR2E034 (10/02)