

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90038 024 ***150.00

DOCUMENT # P99000022596

1. Entity Name
THE BELMONT AT NORTH LAUDERDALE, INC.



Principal Place of Business
**7025 BERACASA WAY #107
BOCA RATON, FL 33433**

Mailing Address
**7025 BERACASA WAY #107
BOCA RATON, FL 33433**

24041103

2. Principal Place of Business
7284 W. Palmetto Park Rd

3. Mailing Address
7284 W. Palmetto Park Rd



Suite, Apt. #, etc.
Ste 106

Suite, Apt. #, etc.
Ste 106

04012004 Chg-P CR2E034 (10/03)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0910033

Applied For
Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

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

6. Name and Address of Current Registered Agent

**BERDUGO, ELIE
7025 BERACASA WAY
SUITE 107
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name
Daniel A. Kaskel, P.A.
Street Address (P.O. Box Number is Not Acceptable)

7284 W. Palmetto Park Rd - Ste 108
City **Boca Raton** **FL** Zip Code **33433**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **D BERDUGO, ELIE** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **7902 TENNYSON COURT
BOCA RATON, FL 33433**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04 561395 68108