

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000027639**

1. Entity Name

BEL-AIRE CAFE, INC.

Principal Place of Business

**1565 S HIGHLAND AVE
CLEARWATER FL 33758**

Mailing Address

**1565 S HIGHLAND AVE
CLEARWATER FL 33758-2388**

2. Principal Place of Business

3. Mailing Address

Supt. Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3567791

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**STAVREVSKI, STEVEN
1565 S HIGHLAND AVE.
CLEARWATER FL 33758**

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 resigning)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 addendum with all other like empowered.

SIGNATURE:

STEVEN STAVREVSKI**2-2-00****727-446-9161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT**STEVEN STAVREVSKI, PRESIDENT****DATE**FILED
CLERK OF STATE
DIVISION OF CORPORATION**00 OCT 27 PM 3:16**

DO NOT WRITE IN THIS SPACE

**100003463851-9
-11/15/00--01031--012
*****1.25 *****61.25****PRESIDENT
STEVEN STAVREVSKI
1565 S HIGHLAND
CLEARWATER FL 33758**☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VICE-PRESIDENT
EVA STAVREVSKI
2482 LOS CATOS DR
BELLEAIR BLUFFS FL 33770**☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SECRETARY
SHILA COLLINS STAVREVSKI
2618 DUNCAN DRIVE
BELLAIR BLUFFS FL 33770**☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SECRETARY
SHILA COLLINS STAVREVSKI
2618 DUNCAN DRIVE
BELLAIR BLUFFS FL 33770**☐ Change☒ AdditionTITLE
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2618 DUNCAN DRIVE
BELLAIR BLUFFS FL 33770**☐ Change☐ Addition

100003463851-9

TELEPHONE: 850-487-6051
FAX:

TELEPHONE: 727-345-4639
FAX: 727-345-7712
EMAIL: sandrahimber@ij.net

TELEPHONE: 727-446-9161

WE HAVE ENCLOSED A CHECK FOR \$61.25 AS THE FEE FOR THIS SERVICE.