FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90038 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000027639**

1. Entity Name

BEL-AIRE CAFÉ, INC.

427434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1565 SOUTH HIGHLAND AVE	1565 SOUTH HIGHLAND AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: CLEARWATER FL	City & State: CLEARWATER FL	4. FEI Number: **59-3567791** ☐ Applied For ☐ Not Applicable
Zip: 33756 County: USA	Zip: 33756 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current 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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	STAVREVSKI, STEVEN
STREET ADDRESS	1565 S HIGHLAND AVE
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	VICE PRESIDENT
NAME	STAVREVSKI, EVA
STREET ADDRESS	2932 LOS GATOS DRIVE
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770
TITLE	SECRETARY
NAME	STAVREVSKI, SHEILA C
STREET ADDRESS	514 EAST VIEW ROAD
CITY-ST-ZIP	LARGO FL 33770-3106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN STAVREVSKI, PRESIDENT 3-4-2002 727-446-9161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #