

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068608

1. Entity Name

BELLE GLADES MANAGEMENT CORPORATION

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90004 023 ***150.00

Principal Place of Business

350 SEVILLA AVENUE
SUITE 104
CORAL GABLES FL 33134

Mailing Address

350 SEVILLA AVENUE
SUITE 104
CORAL GABLES FL 33134-6617

2. Principal Place of Business

642 E SUGARLAND HWY

3. Mailing Address

642 E. SUGARLAND HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clewiston FLA.

City & State
Clewiston FLA

4. FEI Number

65-0938865

Applied For

Not Applicable

Zip
33440

Country
USA

Zip
33440

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ERNESTO P.A.
1000 PONCE DE LEON BLVD.
SUITE 14
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Blas ELIAS

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

8500 SW 86 ST.

City Miami FLA.

FL

Zip Code 33143.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PTD ☐ Delete
NAME ELIAS, BLAS
STREET ADDRESS 350 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPSD ☐ Delete
NAME FADHEL, JOSE
STREET ADDRESS 350 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

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 P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME AGUSTIN BEL, JR.
STREET ADDRESS 350 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES, FLA.

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00

305/481-1960