

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90063 029 ***150.00

DOCUMENT # P99000073084

1. Entry Name:
 Belicious Inc

Principal Place of Business
 1117 LEE ST
 Palatka, FL 32177

Mailing Address
 AS ABOVE

2. Principal Place of Business
 AS ABOVE

3. Mailing Address
 AS ABOVE

City & State
 Palatka, FL 32177

4. FE Number
 59-3593494

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

6. Name and Address of Current Registered Agent
 SPIGEL & UTRERA P.A.
 343 ALMERIA AVE
 Coral Gable FL 33134

7. Name and Address of New Registered Agent
 N/A

00091478

DO NOT WRITE IN THIS SPACE

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 of Gary Beharie]
 DATE: 04/26/2000

9. This corporation is eligible to satisfy its intangible filing requirements and elects to do so
 See orders on back: **N/A**

FILE NOW! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$650.00
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Gary Beharie		NAME	
STREET ADDRESS 1117 LEE ST		STREET ADDRESS	
CITY-STATE-ZIP Palatka FL 32177		CITY-STATE-ZIP	
TITLE V.P.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Crystal Beharie		NAME	
STREET ADDRESS 1117 LEE ST		STREET ADDRESS	
CITY-STATE-ZIP Palatka FL 32177		CITY-STATE-ZIP	
TITLE Secretary	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Crystal Beharie		NAME	
STREET ADDRESS 1117 LEE ST		STREET ADDRESS	
CITY-STATE-ZIP Palatka FL 32177		CITY-STATE-ZIP	
TITLE Treasurer	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Gary Beharie		NAME	
STREET ADDRESS 1117 LEE ST		STREET ADDRESS	
CITY-STATE-ZIP Palatka FL 32177		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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; that 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: Gary Beharie [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00