

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 010 ***150.00

DOCUMENT # P99000091522

1. Entity Name

BELITOR INVESTMENTS, INC.

Principal Place of Business

**5401 COLLINS AVE., PH 3
 MIAMI BEACH FL 33140**

Mailing Address

**1607 PONCE DE LEON BLVD
 STE 101
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

5401 COLLINS AVE., PH 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH, FL. 33140

City & State

City & State

4. FEI Number **65-1013766**

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUNEZ, ALEJANDRO
 1607 PONCE DE LEON BLVD., STE. 101
 CORAL GABLES FL 33134**

Name **SHAIKAT, CHAPRA**

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

5401 COLLINS AVE., PH 3

MIAMI BEACH

City

FL

Zip Code

33140

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

ALEJANDRO NUNEZ ESQ

4-16-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SHAIKAT, CHAPRA**
 STREET ADDRESS **15555 OLD CUTLER RD**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PD** ☒ Change ☐ Addition
 NAME **SHAIKAT, CHAPRA**
 STREET ADDRESS **5401 COLLINS AVE., PH 3**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **STD** ☐ Delete
 NAME **TROCHE, NADYA E**
 STREET ADDRESS **15555 OLD CUTLER RD**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **STD** ☒ Change ☐ Addition
 NAME **TROCHE, NADYA E.**
 STREET ADDRESS **5401 COLLINS AVE., PH 3**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Shaiikat Chapra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHAIKAT, CHAPRA
 PRESIDENT**

Date

Daytime Phone #

4-16-01 3

CR2E034 (10/00)