

FROM : Panasonic FAX SYSTEM

PHONE NO. : 954963979

**FILED****May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90110 039 \*\*\*150.00

**2002 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 566401**

1. Entity Name

*Bel Aire AT Grand Palms, INC***645513****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*110 Grand Palms Dr.*

3. Mailing Address

*110 Grand Palms Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

*Pembroke Pines, FL*

City &amp; State

*Pembroke Pines, FL*

4. FEI Number

*65-0288802*

Applied For

Not Applicable

Zip

*33027*

Country

*U.S.*

Zip

*33027*

Country

*U.S.*5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fees Required**

7. Name and Address of Current Registered Agent

Name

*E. M. SEGALL*

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

*110 Grand Palms Drive*

City

*Pembroke Pines*

FL

Zip Code

*33027***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, 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, 2002 - May 1, 2002 - \$150.00  
After May 1, 2002 - \$200.00  
Amended UBR is \$5.00  
Make Check payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.S. SEGALL 110 Grand Palms Dr. Pembroke Pines, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*E. M. Segall, Pres. 4/17/02 954-431-8800*