

FROM : Panasonic FAX SYSTEM

PHONE NO. : 954963979

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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 & State

Pembroke Pines, FL

City & 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 Fee Required

DO NOT WRITE IN THIS SPACE

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

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)

Amended UBR is \$5.00
Make Check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

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

E. M. Segall

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR