## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # S94124 1. Entity Name BELTRAM SOUTH, INC. 04-30-2001 90135 045 \*\*\*150.00 Principal Place of Business Mailing Address 2849 FOWLER STREET 2849 FOWLER STREET FT MYERS FL 33901 FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ⇒ City & State ~- City & State -----4. FEI Number Applied For 65-0297531 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELTRAM, DANIEL G. Street Address (P.O. Box Number is Not Acceptable) 6800 N FLORIDA AVE **TAMPA FL 33604** Zip Code City Н FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE \$\$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change TITLE Delete TITLE BELTRAM, DANIEL G. NAME NAME 6800 N FLORIDA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPES OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Date Of SIGNING SPICER OR DIRECTOR

Date Dayling Phone #