

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S94124

Entity Name: BELTRAM SOUTH, INC.**Current Principal Place of Business:**2560 FOWLER STREET
FT MYERS, FL 33901**Current Mailing Address:**2560 FOWLER STREET
FT MYERS, FL 33901 US**FEI Number:** 65-0297531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO, AUTHORIZED SIGNATORY
Name WHYTE, IAIN
Address 2560 FOWLER STREET
City-State-Zip: FT MYERS FL 33901

Title CHAIRMAN, AUTHORIZED SIGNATORY
Name GROSS, JR., JORGE A
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

Title EXECUTIVE VICE PRESIDENT, AUTHORIZED SIGNATORY
Name TEMPLETON, TROY
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

Title ASSISTANT SECRETARY
Name CALDERON, MICHELSA
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146-2701

Title SECRETARY
Name GERSHMAN, DAVID
Address 550 SOUTH DIXIE HIGHWAY SUITE 300
City-State-Zip: CORAL GABLES FL 33146

Title CFO, AUTHORIZED SIGNATORY
Name KEARNEY, MARGARET
Address 2560 FOWLER STREET
City-State-Zip: FT MYERS FL 33901

Title AUTHORIZED SIGNATORY (CONTRACTS)
Name CARR, BRADLEY
Address 2560 FOWLER STREET
City-State-Zip: FT MYERS FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELSA CALDERON**ASSISTANT SECRETARY 10/20/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date