

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90255 017 ***150.00

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DOCUMENT # P01000053949

1. Entity Name
BELLAUCCELLA, INC.



Principal Place of Business
**PO BOX 970205
COCONUT CREEK FL 33097**

Mailing Address
**PO BOX 970205
COCONUT CREEK FL 33097**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1113967** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BURDI, JEROME
700 LOCK ROAD #50
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent
Name **JEROME BURDI**
Street Address (P.O. Box Number is Not Acceptable) **115 NE 51st COURT**
City **BOYLAND BEACH** FL Zip Code **33064**

Address chg ONLY

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *V. SAME AGENT* (NOTE: Registered Agent signature required when reinstating) **JEROME BURDI** DATE **04/15/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BURDI, JEROME PO BOX 970205 COCONUT CREEK FL 33097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **JEROME BURDI** DATE **04/15/2003** DAYTIME PHONE # **954/481-3737**

CR2E034 (10/02)