FROM : BELLA LUNA ROSALIA FAX NO. :3056828212

6/16/2002-90696-(

FILED
Aug 13, 2002 8:00 am
Secretary of State
06-16-2002 90696 031 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077536

1. Entity Name
BACIO OF NAPLES, INC.

41163

Principal Place of Business	Mailing Address
8433 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016	8433 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		3130 NE 190th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 107	
City & State		City & State Aventura FL	
Zip	Country	Zip 33180	Country USA

4. FEI Number 13-4205971 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELLMAN, MAYNARD J 8433 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016	Name Domingo Alonso Street Address (P.O. Box Number is Not Acceptable) 301 Almeria Ave #3 City Coral Gables FL Zip Code 33134

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)	FILE NOW!!! FEE IS $150.00 After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLANTE, THOMAS 8433 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1130 Harbor Court Hollywood, FL 33019	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE ______________________ 6/10/02 305-682-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)