

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

DOCUMENT # P93000044502

1. Entity Name
Avellino, Inc.

05-01-2002 91563 022 ***150.00

DO NOT WRITE IN THIS SPACE

642889

2. Principal Place of Business
4 Wavcrest Ave.

3. Mailing Address
3078 Rio Plumosa St.

Indialantic, FL 32903

Indialantic, FL 32903

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3186344

Zip
32903

Country
USA

Zip
32903

Country
USA

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
Francesco Bizzarro

Street Address (P.O. Box Number is Not Acceptable)
3078 Plumosa St.

Indialantic, FL 32903

City Indialantic, FL FL Zip Code 32903

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 filing being)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President & Director Francesco Bizzarro 3078 Rio Plumosa St. Indialantic, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Maria Bizzarro, Sec'y/Treas. 3078 Rio Plumosa St. Indialantic, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(6), 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:

Francesco Bizzarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
Date

Daytime Phone #