

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000022162**

1. Entity Name  
**BELLA TURISMO, INC.**

Principal Place of Business 7998 TEXAS TRAIL  BOCA RATON FL 33487	Mailing Address 7998 TEXAS TRAIL  BOCA RATON FL 33487
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2. Principal Place of Business 8641 BOCA GLADES BLVD. WEST	3. Mailing Address 8641 BOCA GLADES BLVD. WEST
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Suite, Apt. #, etc. F	Suite, Apt. #, etc. F
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33434	Country	Zip 33434	Country
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4. FEI Number <b>65-0735777</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ADAMS ALVIN A  
 7998 TEXAS TRAIL  
  
 BOCA RATON FL 33487 US

**7. Name and Address of New Registered Agent**

Name  
 ADAMS ALVIN A  
 Street Address (P.O. Box Number is Not Acceptable)  
 8641 BOCA GLADES BLVD. WEST  
 F  
 City  
 BOCA RATON FL Zip Code  
 33434

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 ALVIN A. ADAMS

05/01/2001

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS ROSALIE T 7998 TEXAS TRAIL BOCA RATON FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS ALVIN A 7998 TEXAS TRAIL BOCA RATON FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS ROSALIE T 8641 F BOCA GLADES BLVD. WEST BOCA RATON FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS ALVIN A 8641 F BOCA GLADES BLVD. WEST BOCA RATON FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ALVIN A. ADAMS

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)