

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015619 AT

DOCUMENT # A99000001106



1. Entity Name
BELLA TOMATO, LTD.

FILED

03 FEB -4 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 1389
PALMETTO FL 34220

Mailing Address
P.O. BOX 1389
PALMETTO FL 34220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0939478

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

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE FL 32303

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$603,402.77

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000003968
NAME NJE, LC
STREET ADDRESS P.O. BOX 1389
CITY-ST-ZIP PALMETTO FL 34220

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

005-4500453-1009168706
DEPOSIT ONLY \$26.25
01/31/03--01079--001
01/31/03--01079--001

005-4500453-1009168706
DEPOSIT ONLY \$26.25
01/31/03--01079--001

600011597346
01/31/03--01079--001 **\$26.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/31/03

305 866 6711

CR2E003 (10/02)

STAPLE CHECK HERE