

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR -6 AM 9:49

SECRETARY OF STATE :  
TALLAHASSEE, FLORIDA

DOCUMENT # 501215  
1. Entity Name  
**BELL-SUSI REALTY, INC.**

Principal Place of Business Mailing Address  
**1380 NE 48TH STREET  
POMPANO BEACH, FL. 33064  
US**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1380 NE 48TH STREET**

City & State City & State  
Zip Country Zip Country  
**POMPANO BCH, FL. 33064**

4. FEI Number Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CIANELLI, JR. ALFRED A.  
1380 NE 48TH STREET  
POMPANO BEACH, FL. 33064**

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CIANELLI, ALFRED A. JR.</b>	
STREET ADDRESS <b>1380 NE 48TH STREET</b>	
CITY-ST-ZIP <b>POMPANO BCH, FL 33064</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>CIANELLI, FRANCES A.</b>	
STREET ADDRESS <b>1380 NE 48TH STREET</b>	
CITY-ST-ZIP <b>POMPANO BCH, FL. 33064</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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\*\*\*\*150.00 \*\*\*\*150.00**

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: **Alfred A. Cianelli Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-04-00** Daytime Phone **(954) 781-4040**  
**EXT #10**

CR2E034 (9/99)