## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # J82303** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name BENNETBELLE, INC. 04-13-2000 90007 011 \*\*\*150.00 Principal Place of Business Mailing Address 1950 SUMMIT PARK DR. 1950 SUMMIT PARK DR. ORLANDO FL 32810 ORLANDO FL 32810-5933 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2846771 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZOM PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 1950 SUMMIT PARK DRIVE ORLANDO FL 32810 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Chance TITLE ☐ Delete **VON MEISS, FLORIAN** NAME **USTERISTRASSE 14** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CH-8021 ZURICH, SWIT CITY-\$T-ZIP ☐ Change Addition Delete TITLE TITLE **BLUM CLAUDE** NAME NAME **USTERISTRASSE 14** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CH-8021 ZURICH, SWIT CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE: April 3, 2000 +41-1