

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90008 001 \*\*\*150.00

**DOCUMENT # K45917**

1. Entity Name

**MICHELANGELO, INC.**

Principal Place of Business

Mailing Address

**518 INDUSTRIAL AVE  
 14 & 15  
 BOYNTON BEACH FL 33435**

**518 INDUSTRIAL AVE  
 14 & 15  
 BOYNTON BEACH FL 33426-3645**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0113215**

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

**BIZZOTTO, FIDENZIO  
 2901 COMMERCE PARK DR.  
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **BIZZOTTO FIDENZIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**518 INDUSTRIAL AVE, BAY 14 & 15**  
 City **BOYNTON BEACH** FL Zip Code **33435**

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

*Fidenzio Bizzotto*  
Signature, typed or printed name of registered agent and title if applicable.

**FIDENZIO BIZZOTTO**

**4-25-00**

(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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BIZZOTTO, FIDENZIO</b>
STREET ADDRESS	<b>518 INDUSTRIAL AVE., BAY 14 &amp; 15</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BIZZOTTO, GRAZIA</b>
STREET ADDRESS	<b>518 INDUSTRIAL AVE., BAY 14 &amp; 15</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</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	

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	
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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	

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:

*Fidenzio Bizzotto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FIDENZIO BIZZOTTO**

**4/25/00 (561) 279-0900**

Date

Daytime Phone #