

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70981

1. Entity Name

DELLA BELLA, INC.

Principal Place of Business

1000 E 5TH STREET
STUART FL 34997
US

Mailing Address

3466 SE CASSELL LANE
STUART FL 34997-2541
US

2. Principal Place of Business

3466 S.E. CASSELL LN.

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART, FL, 9

City & State

Zip

Country

34997 MARTIN

Country

4. FEI Number

65-0110501

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

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:

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, 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	PRESIDENT DIRECTOR, TREASURER <input type="checkbox"/> Delete
NAME	RAFFO, RICHARD A JR.
STREET ADDRESS	3466 SE CASSELL LANE
CITY-ST-ZIP	STUART FL
TITLE	RAFFO, JENNIFER B. <input type="checkbox"/> Delete
NAME	3466 SE CASSELL LN.
STREET ADDRESS	STUART, FL. 34997
CITY-ST-ZIP	PRESIDENT, SECRETARY
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT, SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER BIRDSONG-RAFFO
STREET ADDRESS	3466 SE CASSELL LN.
CITY-ST-ZIP	STUART, FL. 34997
TITLE	SECRETARY TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. RAFFO JR.
STREET ADDRESS	3466 SE CASSELL LN.
CITY-ST-ZIP	STUART, FL. 34997
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90008 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)