2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90200 011 ***150.00

DOCUMENT # M38550

1. Entity Name
A. BIAN CO.

Principal Place of Business	Mailing Address
% JOSEPH MELCHIONNA 5151 NW 82ND TERR CORAL SPRINGS FL 33067	P.O. BOX 189 LINVILLE NC 28646 LINVILLE, N.C. 28646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1109 EGRET'S WALK CIRCLE	PO Box 189
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State LINVILLE, N.C
Zip 34108 / Country USA	Zip 28646 / Country U.S.A.

4. FEI Number 59-2721111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELCHIONNA, JOSEPH
5151 NW 82ND TERRACE
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name MELCHIONNA JOSEPH
Street Address (P.O. Box Number is Not Acceptable)
1109 EGRET'S WALK CIRCLE # 202
City NAPLES FL Zip Code 34108

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MELCHIONNA, JOSEPH 5151 NW 82ND TERR CORAL SPRINGS FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELCHIONNA JOSEPH 1109 EGRET'S WALK CIRCLE APT. 202 NAPLES, FL. 34108	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELCHIONNA, ROMAINE 5151 NW 82ND TERR CORAL SPRINGS FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELCHIONNA ROMAINE 1109 EGRET'S WALK CIRCLE APT. 202 NAPLES, FL. 34108	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)