2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State

DOCUMENT # P00000090622						Secretary of State				
1. Entity Nan						04-25-20	_			
					Y					
BELLANTE'S FRANCHISE CORPORATION Principal Place of Business Mailing Address										
· ·	PINE ISLAND RD	Ivialling Address								
SUITE										
PLANTA										
						_ 39	053			
2. Principal Place of Business 3. Mailing Address 10281 PINES BLVD 10281 PINES				VD.						
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
						1				
City & Stat	KE PINES FL	City & State PEMBROKE PINES FL				Number 1086489	•	-	plied For t Applicable	-
Zip	Country	Zip	untry	5 Contificate of Status Desired \$8.75 Additional			1			
33026	USA	33026	USF	<u>\</u>		•		Required	1	-
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS BILLANTE DENNIS WACHNA										1
				THOMA Street Ad		ANTE DENNIS x Number is Not Acceptable		1NH		┨
MATIVAND O HELLINAN (10281 PI						BLVD	-) 			1
	PINE ISLAND RD			İ						
SUITE 500 PLANTATION FL 33324 PEM					OKE PI	NEC	FL	Zip Cod 3302	e 6	1
	named entity submits this statement	or registered	agent, or both, in the State		<u> </u>	<u> </u>	1			
							,	,		
SIGNATURE	X La Conclus						4031	01		-
CICIALONE	Signature, typed or printed name of regist	ered agent and title if applica	ble.	(NOTE: Regist	tered Agent sign:	ature required when reinstating)	DATE			
9 This corpo	ration is eligible to satisfy its Intangib	EILE NOV	VIII FFF	IS \$150.00						1
Tax filing re	equirement and elects to do so.	After MAY 1, 2	001 Fee	will be \$55	50.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 Added to	May Be o Fees	
(See criter	ia on back)	Make Check Paya	imanang pa	epartment	114 100 110 110 110 110 110					18
11.	OFFICERS AND DETERMINED THOMAS BILLANTE	DIRECTORS Delete	12. TITLI		PRESII	NS/CHANGES TO OFFICE		Change	Addition	CR2E034 (11/00)
NAME	150 S PINE ISLA		NAM			BILLANTE	لما	ona.go		34
STREET ADDRESS	SUITE 500			EET ADDRESS		PINES BLVD	2222	_		ZE I
CITY - ST - ZIP	PEMBROKE PINES DENNIS WACHNA	FL 33324	TITL	• ST - ZIP		OKE PINES FL PRESIDENT	33026 X	Change	Addition	ļ፬
NAME	150 S PINE ISLA		NAM			S WACHNA	ĹΔ	onango		
STREET ADDRESS	SUITE 500			ET ADDRESS		PINES BLVD	0000	_		l
CITY - ST - ZIP	PEMBROKE PINES	FL 33324	TITL	- ST - ZIP	PEMBRO	OKE PINES FL	33026	Change	Addition	┨
TITLE NAME		Dalete	NAM					onango		
STREET ADDRESS			1	ET ADDRESS						
CITY - ST - ZIP	<u> </u>	Delete	TITLE	- ST - ZIP		<u> </u>		Change	Addition	-
NAME		Delete	NAM				لسا	Onlingo		
STREET ADDRESS				ET ADDRÉSS						
CITY - ST - ZIP		Delete	TITLE	- ST - ZiP				Change	Addition	1
NAME		Delete	NAMI	1				Onengo		
STREET ADDRESS				EET ADDRESS						
CITY - ST - ZIP				- ST - ZIP				CL		ļ
TITLE NAME		Delete	TITLI NAMI					Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY - ST - ZIP				- ST - ZIP	:-					-
information	rtify that the information supplied with indicated on this report or suppleme	ental report is true and ac	curate and	that my sig	nature shall ha	ve the same legal effect as	if made und	er oath; th	natiam an	
officer or d	irector of the corporation or the receiver Block 12 if changed, or of an atta	ver or trustee empowered	to execut	e this report	as required by	/ Chapter 607, Florida Statu	tes; and that	my name	appears	
	S. Sieski Z. ii Shangoa, S. G. G.	4. //	 01	.		Manlay A	-d di	2-711	Qn .	1

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4103101 454-435/070

Daytime Phone #