04-25-2001 90290 001 *** 450.00 2001 UNIFORM BUSINESS REPORT (UBR) P00000090626 **DOCUMENT #** P0000090626 1. Entity Name 01 MAY -7 AM 8: 51 BELLANTE'S OPERATIONS CORPORATION SECRETARY OF STATE. TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 150 S. PINE ISLAND RD SUITE 500 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 10281 PINES BLVD 1028ì PINES BLVD Suite, Apt. #. etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PEMBROKE PINES FL PEMBROKE PINES FL 65-1086485 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33026 33026 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent dillante Denuis Wachda THOMAS Street Address (P.O. Box Number is Not Acceptable)
10281 PINES BLVD MAYARD J HELLMAN 150 S PINE ISLAND RD SUITE 500 City PEMBROKE PINES PLANTATION FL 33324 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE X Signature, typed or printed name of registered agent and (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$160.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (1 Change Addition PRESIDENT THOMAS BILLANTE TITLE TITLE Delete 150 S PINÉ ISLAND BLVD THOMAS BILLANTE NAME NAME STREET ADDRESS 10281 PINES BLVD SUITE 500 STREET ADDRESS CITY - ST - ZIP PEMBROKE PINES FL CITY - ST - ZIP PLANTATION FL 33324 Osisia X Change VICE PRESIDENT DENNIS WACHNA TITLE TITLE 150 S. PINE ISLAND RD SUITE 500 NAME DENNIS WACHNA NAME STREET ADDRESS 10281 PINES BLVD STREET ADDRESS CITY - ST - ZIP PEMBROKE PINES FL CITY - ST - ZIP PLANTATION FL 33324 Change Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition Delete TITLE THILE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition Osiete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change TIME NAME 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, of on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone # Date

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