2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90026 025 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000091691

1. Entity Name
BELLA MODENA, INC.

Principal Place of Business	Mailing Address
Opera Restaurant 613 Duval Street Key West, FL 33049	Opera Restaurant 613 Duval Street Key West, FL 33040

2. Principal Place of Business	3. Mailing Address
Opera Restaurant	Opera Restaurant
Suite, Apt. #, etc.: 613 Duval Street	Suite, Apt. #, etc.: 613 Duval Street
City & State: Key West, FL	City & State: Key West, FL
Zip: 33040 — Country: USA	Zip: 33040 — Country: USA

4. FEI Number: 65-1047201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Michael Cholobel
1460 Brickell Ave., Suite 212
Miami, FL 33131

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: MICHAEL CHOLOBEL 02/22/2001
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) ☐

[illegible]

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	P/D Andrea Benatti 613 Duval Street Key West, FL 33040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Andrea Benatti 613 Duval Street Key West, FL 33040 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 President. 02/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #