

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90126 034 ***150.00

0437365 AV

DOCUMENT # P01000015396

1. Entity Name

BELLAGIO RESTAURANT AND PIZZA, INC.

Principal Place of Business

~~3902 HENDERSON ST., STE. 200~~
~~TAMPA FL 33629~~

Mailing Address

~~3902 HENDERSON ST., STE. 200~~
~~TAMPA FL 33629~~

2. Principal Place of Business

10102 Montague Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

Zip

Zip

Country

USA

Country

4. FEI Number

593715278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~WEINSTEIN, IRA ESG.~~
~~3902 HENDERSON ST., STE. 200~~
~~TAMPA FL 33629~~

7. Name and Address of New Registered Agent

Name **FRANK J. GRECO**
 Street Address (P.O. Box Number is Not Acceptable) **1715 N. Westshore Blvd Suite 750**
 City **TAMPA** FL Zip Code **33607**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/02
 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

TITLE **D/P** ☐ Delete
 NAME **BRUNO, SANTO**
 STREET ADDRESS **10310 ABBOTSFORD DR.**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☒ Delete
 NAME ~~ROSSI, ALFONSO~~
 STREET ADDRESS ~~10100 HERON WALK DR.~~
 CITY-ST-ZIP ~~TAMPA FL 33647~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
RICHARD YOUNG ☐ Change ☒ Addition
DIRECTOR - VP/S/T

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02 (813) 230-8108
 Date Daytime Phone #

CR2E034 (9/01)