


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


Page 1 of 4

DOCUMENT # P01000022312		
1. Entity Name MICHAEL J. BELLIZZI, P.A.		

FILED  
04 JAN 14 AM 9 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 258 N.E. 27TH STREET MIAMI, FL 33137	Mailing Address 258 N.E. 27TH STREET MIAMI, FL 33137
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01142004 Chg-F	See Attach CR2E034 (10/03)
4. FEI Number 65-0974239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BELLIZZI, MICHAEL J 258 N.E. 27TH STREET MIAMI, FL 33137	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLIZZI, MICHAEL J 258 N.E. 27TH STREET MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200029249812 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/23/04--01071--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



## Division of Corporations

## Annual Report

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Document Number

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Business Entity Name

MICHAEL J. BELLIZZI, P.A.

FEI Number

650974239

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

258 N.E. 27TH STREET

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33137

## Mailing Address

Address

4421 SHERIDAN AVE

Suite, Apt. #, etc.

City, State

MIAMI BEACH

FL

Zip Code &amp; Country

33140

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BELLIZZI

MICHAEL

J

-or- RA Business Name

Address

4421 SHERIDAN AVE

Suite, Apt. #, etc.

City, State

MIAMI BEACH

FL

Zip Code &amp; Country

33140

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

D

Michael J. Bellizzi

Continue

Reset

Start Over

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# Division of Corporations

## Annual Report

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Document Number

**P01000022312**

Business Entity Name

**MICHAEL J. BELLIZZI, P.A.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Officer/Director Name And Address

Title D  
 Name (Last, First, Middle, Title) BELLIZZI MICHAEL J  
 -or- Entity Name \_\_\_\_\_  
 Street Address 4421 SHERIDAN AVE  
 City, State MIAMI BEACH FL  
 Zip Code & Country 33140

Title \_\_\_\_\_  
 Name (Last, First, Middle, Title) \_\_\_\_\_  
 -or- Entity Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_  
 Name (Last, First, Middle, Title) \_\_\_\_\_  
 -or- Entity Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Zip Code & Country \_\_\_\_\_

Title \_\_\_\_\_  
 Name (Last, First, Middle, Title) \_\_\_\_\_  
 -or- Entity Name \_\_\_\_\_  
 Street Address \_\_\_\_\_