

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90083 025 \*\*\*150.00

0073861 AV

**DOCUMENT # P01000080965**

1. Entity Name

**BIAGGIO ENTERPRISES, INC.**



Principal Place of Business

975 N.E. 44 STREET  
PARKLAND FL 33334

Mailing Address

7710 N.W. 87 AVENUE  
TAMARAC FL 33321

2. Principal Place of Business

975 N.E. 44 ST.

3. Mailing Address

7710 NW 87 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL.

City & State

TAMARAC, FL.

Zip

33334

County

BROWARD

Zip

33321

County

BROWARD

6. Name and Address of Current Registered Agent

BIAGGIO ENTERPRISE INC.  
7710 N.W. 87 AVENUE  
TAMARAC FL 33321

4. FEI Number

65-1137871

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DELLAMORTE, CELIA  
CITY-ST-ZIP 7710 N.W. 87TH AVENUE  
TAMARAC FL 33321

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-11-03

(954) 818-2021

CR2E034 (4/03)

Attachment

80138826  
#P010000 80965

TO WHOM IT MAY CONCERN,

I DID NOT RECIEVE CORP  
RENEWAL PAPERS UNTIL 7-03.  
I LOOKED FOR THEM BUT  
DID NOT RECIEVE THEM, THAT  
IS WHY I AM SENDING  
THESE WITH PAYMENT FOR  
\$150<sup>00</sup> DOLLARS. IF YOU NEED  
TO CONTACT ME CALL AT  
(954) 818-2021. THANK YOU,

Celia Dellamonte

Celia Dellamonte

BIAGGIO ENTERPRISES INC.

65-1137871