

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91641 040 \*\*\*150.00

**DOCUMENT # P01000082019**

**1. Entity Name**  
**BELLA VERDE, INC.**

**Principal Place of Business**

**15340 JOG ROAD SUITE 200**  
**DELRAY BEACH FL 33484**

**Mailing Address**

**15340 JOG ROAD SUITE 200**  
**DELRAY BEACH FL 33484**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**15340 Jog Road**  
**Suite 100**  
**DeLray Beach FL**  
**33446 USA**

**3. Mailing Address**

**15340 Jog Road**  
**Suite 100**  
**DeLray Beach FL**  
**33446 USA**

**4. FEI Number**

**30-0032430**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KORN, GARY ESQ**  
**20801 BISCAYNE BLVD SUITE 501**  
**AVENTURA FL 33180**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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, 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)

**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**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MORTON, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>15340 JOG ROAD SUITE 200</b>	
<b>CITY-ST-ZIP</b>	<b>DELRAY BEACH FL 33484</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Andrew Steinberg</b>	
<b>STREET ADDRESS</b>	<b>15340 Jog Road Suite 100</b>	
<b>CITY-ST-ZIP</b>	<b>DeLray Beach FL 33446</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Richard Swartz</b>	
<b>STREET ADDRESS</b>	<b>15340 Jog Road Suite 100</b>	
<b>CITY-ST-ZIP</b>	<b>DeLray Beach FL 33446</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Stephen Pacocha</b>	
<b>STREET ADDRESS</b>	<b>15340 Jog Road Suite 100</b>	
<b>CITY-ST-ZIP</b>	<b>DeLray Beach FL 33446</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E034 (9/01)