

2002 ~~UNIFORM~~ BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Bella Bamping Inc.

FILED

03 APR 22 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

701- 71 St.

Miami Beach, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-114643

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Viscuso, Marivana
600-88 St.
Surf side, FL 33154

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

(Signature, typed or printed name of registered agent and fee 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	President	<input type="checkbox"/> Delete
NAME	Viscuso Marivana	
STREET ADDRESS	600-88 St.	
CITY-ST-ZIP	Surf side, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entry Name

Bella Bambina, Inc.

Principal Place of Business

Mailing Address

701-71 St.

Miami, Beach, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Viscuso Marijuana

600-88 St.

Surf Side, FL 33154

Name

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

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of the person or entity filing this report (Required for all filers)

Signature of the person or entity filing this report (Required for all filers)

Signature

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See certificate on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2003 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME	President	<input type="checkbox"/> Delete
FILE NAME	Viscuso Marijuana	
STREET ADDRESS	600-88 St.	
CITY-STATE-ZIP	Surf Side, FL 33154	
FILE NAME		<input type="checkbox"/> Delete
FILE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
FILE NAME		<input type="checkbox"/> Delete
FILE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
FILE NAME		<input type="checkbox"/> Delete
FILE NAME		
STREET ADDRESS		
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FILE NAME		<input type="checkbox"/> Delete
FILE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

FILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
FILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
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FILE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

00011712031600

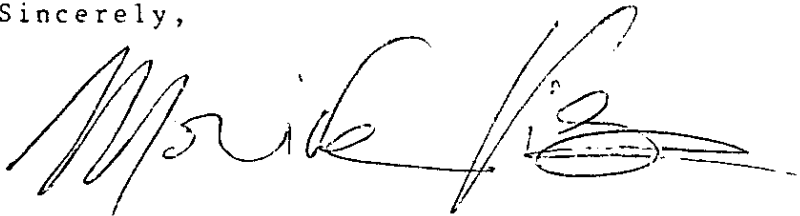
Division of Corporations
Tallahassee, FL 32302

REF: *Bella Bambina Inc.*
ANNUAL BUSINESS REPORT
FEE 65-1146453

To Whom It May Concern:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$300.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. In the future we will send the report on time. Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike" followed by a stylized surname or initials.

President