

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3/3/

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-03-2003 90422 047 ***150.00

DOCUMENT # P02000055335

1. Entity Name
ROTELLI MISSION BAY, INC.



Principal Place of Business
**9045 LA FONTANA BLVD #B-1
BOCA RATON FL 33434**

Mailing Address
**9045 LA FONTANA BLVD #B-1
BOCA RATON FL 33434**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
02-0603457

Applied For:
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BILOTTI, JOESPH
9045 LA FONTANA BLVD #B-1
BOCA RATON FL 33434

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

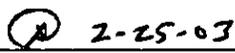
10. OFFICERS AND DIRECTORS

TITLE NAME	DPS BILOTTI, JOESPH	<input type="checkbox"/> Delete
STREET ADDRESS	9045 LA FONTANA BLVD #B-1	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	T FISHER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	9045 LA FONTANA BLVD #B-1	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	S FISHER, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9045 LA FONTANA BLVD #B-1	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **2-25-03** Daytime Phone #

CR2E034 (10/02)