

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90098 047 ***150.00

DOCUMENT # P02000098966

1. Entity Name
BELLAMARE UNIT 1107, CORP.



Principal Place of Business
**17600 COLLINS AVENUE
SUNNY ISLES FL 33160**

Mailing Address
**17600 COLLINS AVENUE
SUNNY ISLES FL 33160**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

052-2377238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
OSCAR GRISALES-RACINI, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
12550 BUCAYNE BLVD.
Suite 405
City
North Miami FL Zip Code
33181

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

03/03/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
CECCHINI DESTOCHETTA, ALICIA G
17600 COLLINS AVENUE
SUNNY ISLES FL 33160** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
STOCHETTA, OSCAR A
17600 COLLINS AVENUE
SUNNY ISLES FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ 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

03/03/2003 (38) 9177606

Date

Daytime Phone #

CR2E034 (10/02)