


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Park Johnson

0152009
FP

DOCUMENT # P02000106944

1. Entity Name
NERO BELLE II, INC.



FILED
03 AUG -8 AM 10:28



Principal Place of Business
**12393-2 PEMBROKE ROAD
PEMBROKE PINES FL 33025**

Mailing Address
**12393-2 PEMBROKE ROAD
PEMBROKE PINES FL 33025**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DIPAOLA, STEVEN
12393-2 PEMBROKE ROAD
PEMBROKE PINES FL 33025**

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 _____ (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	D <input type="checkbox"/> Delete
NAME	DIPAOLA, STEVEN
STREET ADDRESS	12393-2 PEMBROKE ROAD
CITY-ST-ZIP	PEMBROKE PINES FL 33025
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700022291547
STREET ADDRESS	08/13/03--01055--015 **150.00
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	
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	
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 # _____

CR2E034 (4/03)

P990706

July 16, 2003

Florida Department of State
Division of Corporations
Att: Mr. Tyrone Scott
409 E Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott;

My name is Steven DiPaola and I am the President of Nero Belle II. I did not receive any notices from the Dept of State until I received this notice that I owe \$550. I would respectfully request that the late filing fees be waived. I have enclosed a check for \$150 for the current filing fees.

If I can provide any further information, please contact my accountant, Paul Franson at 954-472-9144.

Sincerely,


Steven DiPaola
