

2000 UNIFORM BUSINESS REPORT (UBR)

0194709

DOCUMENT # P93000079636

1. Entity Name
BELLINI CORPORATION, I

FILED

00 MAR 31 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
-- STEVEN H. HAGEN % STEVEN H. HAGEN
BRICKELL AVE. SUITE 3000 701 BRICKELL AVE. SUITE 3000
FL 33131 MIAMI FL 33131-2847

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 65-0473082 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
0000003203620--4
-04/11/00--01081--019
City ***150.00FL***P30.00

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, 2000 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		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EBANKS, A	
STREET ADDRESS	P.O. BOX 131 REITERGASSE 9-11	
CITY-ST-ZIP	CH-8027 ZURICH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAING, DOROTHY M	
STREET ADDRESS	PO BOX 131 REITERGASSE 9-11	
CITY-ST-ZIP	CH-8027 ZURICH	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YUSOF, ADZAM	
STREET ADDRESS	%P.O. BOX 131 REITERGASSE 9-11	
CITY-ST-ZIP	CH-8027 ZURICH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANKIN, DEBRA	
STREET ADDRESS	%P.O. BOX 131 REITERGASSE 9-11	
CITY-ST-ZIP	CH-8027 ZURICH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, M	
STREET ADDRESS	P.O. BOX 131 REITERGASSE 9-11	
CITY-ST-ZIP	CH-8027 ZURICH	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFFNER, MAI LING	
STREET ADDRESS	%P.O. BOX 131 REITERGASSE 9-11	
CITY-ST-ZIP	CH-8027 ZURICH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, CLIVE	
STREET ADDRESS	P.O. BOX 728/38 ESPLANADE	
CITY-ST-ZIP	ST. HELIER, JERSEY	
	CHANNEL ISLANDS JE4 HZT	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBIRE, DEBBIE C	
STREET ADDRESS	P.O. BOX 728/38 ESPLANADE	
CITY-ST-ZIP	ST. HELIER, JERSEY	
	CHANNEL ISLANDS JE4 HZT	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, ANTHONY J.	
STREET ADDRESS	P.O. BOX 728/38 ESPLANADE	
CITY-ST-ZIP	ST. HELIER, JERSEY	
	CHANNEL ISLANDS JE4 HZT	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEARSEY, JANICE	
STREET ADDRESS	P.O. BOX 728/38 ESPLANADE	
CITY-ST-ZIP	ST. HELIER, JERSEY	
	CHANNEL ISLANDS JE4 HZT	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, MATTHEW J.	
STREET ADDRESS	P.O. BOX 728/38 ESPLANADE	
CITY-ST-ZIP	ST. HELIER, JERSEY	
	CHANNEL ISLANDS JE4 HZT	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, STEVEN H.	
STREET ADDRESS	701 BRICKELL AVENUE, #3000	
CITY-ST-ZIP	MIAMI, FL 33131	

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: 3/30/00 Date Daytime Phone #

CR2E034 (9/99)