

# 2000 UNIFORM BUSINESS REPORT (UBR)

0197254

DOCUMENT # P93000079640

1. Entity Name

BELLINI CORPORATION, II

FILED

00 MAR 31 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% STEVEN H. HAGEN 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	% STEVEN H. HAGEN 701 BRICKELL AVE. SUITE 3000 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	65-0471166	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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)
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.	300003203619--7 -04/11/00--01081--018 ****150.00 ****150.00
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)
9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	D EBANKS, A P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH
NAME	<input checked="" type="checkbox"/> Delete
TITLE	D RANKIN, DEBRA C/O P. O. BOX 1170 GEORGETOWN GRAND CAYMAN BR
NAME	<input checked="" type="checkbox"/> Delete
TITLE	P YUSOF, ADZAM % P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH
NAME	<input checked="" type="checkbox"/> Delete
TITLE	D SANDERSON, M P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH
NAME	<input checked="" type="checkbox"/> Delete
TITLE	D LAING, DOROTHY M %P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH
NAME	<input checked="" type="checkbox"/> Delete
TITLE	S SCHAFFNER, MAI LING %P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH
NAME	<input checked="" type="checkbox"/> Delete

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

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 #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (9/99)