

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90029 050 ***150.00

DOCUMENT # P93000079640

1. Entity Name

BELLINI CORPORATION, II

Principal Place of Business

% STEVEN H. HAGEN
 701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131

Mailing Address

% STEVEN H. HAGEN
 701 BRICKELL AVE. SUITE 3000
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0471166

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **JONES, CLIVE**
 STREET ADDRESS **P.O. BOX 728 / 38 ESPLANADE**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4 -H2T**

TITLE **AS** ☐ Change ☒ Addition
 NAME **MOGRATH, VANESSA**
 STREET ADDRESS **P.O. BOX 728/38ESPLANADE / ST. JELIER, JERSEY**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4-H2T**

TITLE **P** ☐ Delete
 NAME **SEBIRE, DEBBIE C**
 STREET ADDRESS **P.O. BOX 728 / 38 ESPLANADE**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4 -H2T**

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

TITLE **T** ☐ Delete
 NAME **KEARSEY, JANICE**
 STREET ADDRESS **P.O. BOX 728 / 38 ESPLANADE**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4 -H2T**

TITLE **DT** ☒ Change ☐ Addition
 NAME **KEARSEY, JANICE L.**
 STREET ADDRESS **P.O. BOX 728/38 ESPLANADE/ST. HELIER, JERSEY**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4-H2T**

TITLE **AS** ☐ Delete
 NAME **CHAMBERS, MATTHEW J**
 STREET ADDRESS **P.O. BOX 728 / 38 ESPLANADE**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4 -H2T**

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

TITLE **S** ☐ Delete
 NAME **DALY, ANTHONY J**
 STREET ADDRESS **P.O. BOX 728 / 38 ESPLANADE**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4 -H2T**

TITLE **DS** ☒ Change ☐ Addition
 NAME **DALY, ANTHONY J.**
 STREET ADDRESS **P.O. BOX 728/38 ESPLANADE/ST. HELIER, JERSEY**
 CITY-ST-ZIP **CHANNEL ISLANDS JE4-H2T**

TITLE **AS** ☐ Delete
 NAME **HAGEN, STEVEN H**
 STREET ADDRESS **701 BRICKELL AVENUE, #3000**
 CITY-ST-ZIP **MIAMI FL 33131**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec.

Jan 25, 2001

Date

Daytime Phone #

305-789-7258

CR2E034 (10/00)

0152027

A Hachmens
911201
P93000079640

ADDENDUM TO 2001 FLORIDA UNIFORM BUSINESS
REPORT FOR
BELLINI CORPORATION, II
DOCUMENT # P93000079640

Continuation of Box 11
Additions/Changes to Officers and Directors:

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
AS - <u>Delete</u> Michael Rossiter	P.O. Box 728/38 Esplanade St. Helier, Jersey	Channel Islands JE4-HZT