

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90050 028 \*\*\*150.00

0204607 AV

**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

Zip

Country

- Zip -

Country

4. FEI Number

**65-0471166**

Applied For

Not Applicable

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, 2002 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	AS	<input type="checkbox"/> Delete
NAME	MCGRATH, VANESSA	
STREET ADDRESS	P.O. BOX 728 / 38 ESPLANADE	
CITY-ST-ZIP	CHANNEL ISLAND OC JE4 -HJT	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEBIRE, DEBBIE C	
STREET ADDRESS	P.O. BOX 728 / 38 ESPLANADE	
CITY-ST-ZIP	CHANNEL ISLAND OC JE4 -HJT	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KEARSEY, JANICE	
STREET ADDRESS	P.O. BOX 728 / 38 ESPLANADE	
CITY-ST-ZIP	CHANNEL ISLAND OC JE4 -HJT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHAMBERS, MATTHEW J	
STREET ADDRESS	P.O. BOX 728 / 38 ESPLANADE	
CITY-ST-ZIP	CHANNEL ISLAND OC JE4 -HJT	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DALY, ANTHONY J	
STREET ADDRESS	P.O. BOX 728 / 38 ESPLANADE	
CITY-ST-ZIP	CHANNEL ISLAND OC JE4 -HJT	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAGEN, STEVEN H	
STREET ADDRESS	701 BRICKELL AVENUE, #3000	
CITY-ST-ZIP	MIAMI FL 33131	

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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/01)

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

305-789-7758

Daytime Phone #