

2000 UNIFORM BUSINESS REPORT (UBR)

0197055

DOCUMENT # P93000079642

1. Entity Name

BELLINI CORPORATION, III

FILED

00 MAR 31 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 300
MIAMI FL 33131

C/O STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 300
MIAMI FL 33131-2813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0473081

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)

300003203633-4

-04/11/00-01081-025

City

***150.00 FL ***150.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAING, DOROTHY M
PO BOX 131 REITERGASSE 9-11
CH-8027 ZURICH SW ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, CLIVE
P.O. BOX 728/38 ESPLANADE
ST. HELIER, JERSEY
CHANNEL ISLANDS JE4 HZT ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EBANKS, A
P.O. BOX 131 REITERGASSE 9-11
CH-8027 ZURICH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEBIRE, DEBBIE C
P.O. BOX 728/38 ESPLANADE
ST. HELIER, JERSEY
CHANNEL ISLANDS JE4 HZT ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
YUSOF, ADZAM
%P.O. BOX 131 REITERGASSE 9-11
CH-8027 ZURICH ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RANKIN, DEBRA
PO BOX 131 REITER GASSEE 9-11
CH-8027 ZURICH SW ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANDERSON, M
P.O. BOX 131 REITERGASSE 9-11
CH-8027 ZURICH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CHAMBERS, MATTHEW J
P.O. BOX 728/38 ESPLANADE
ST. HELIER, JERSEY
CHANNEL ISLANDS JE4 HZT ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCHAEFFNER, MAI LING
P.O. BOX 131 REITERGASSE 9-11
CH-8027 ZURICH ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HAGEN, STEVEN H.
701 BRICKELL AVENUE, #3000
MIAMI, FLORIDA 33131 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
Date

Daytime Phone #