FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State
09-12-2002 90095 008 ***550.00

DOCUMENT # P96000048819

1. Entity Name
CAFE BELLINO, INC.

DO NOT WRITE IN THIS SPACE

980443

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
180 SOUTH FEDERAL HIGHWAY	C/O MARC POSTELNEK
Suite, Apt. #, etc.: BOCA RATON	Suite, Apt. #, etc.: P.O. BOX 1844
City & State: FLORIDA	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33429 Country: USA

4. FEI Number 650686123 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARC POSTELNEK

Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN RD. SUITE 11-B

City MIAMI BEACH FL Zip Code 33139

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, MARC POSTELNEK 407 LINCOLN RD. SUITE 11-B MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, GIO POSTELNEK 407 LINCOLN RD. SUITE 11-B MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MPostelnek, MARC POSTELNEK PRESIDENT 9/10/02 305 962 7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #