

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

①

98 DEC 17 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION'
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA7000038310

1. Corporation Name

TOMAS BELLO, D.M.D., P.A.

Principal Place of Business

Mailing Address

15490 EAST BEDLINGTON RD.
MIAMI LAKES, FL. 33014

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

4/29/97

4. FEI Number

65-0750812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMAS BELLO
15490 EAST BEDLINGTON RD
MIAMI LAKES, FL. 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D/P

STREET ADDRESS TOMAS BELLO

CITY-ST-ZIP 15490 EAST BEDLINGTON RD

MIAMI LAKES, FL. 33014

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

200002722652-9

-12/24/98-01107-005

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98

Date

Daytime Phone #

CR2E034 (5/98)

2

November 5, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Thomas Bello, D.M.D., P.A.
Ivette Bello, D.M.D., P.A.**

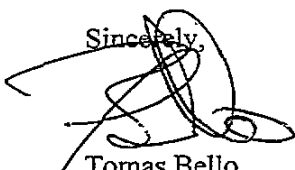
Dear Sir or Madam,

Just recently, I tried to verify the status of both my wife's and my corporation. I found that the Corporation's Annual Report had not been filed with the state for the year 1998.

We never received the Annual Report from your office. This is probably due to the fact that we are having a major mail theft problem in our area. We have enclosed a letter from our Postal Office verifying their investigation of this problem. Please excuse our delay with the payment, as it was beyond our control. Enclosed you will find a check from each corporation for the annual due of \$150.00.

If you have any further questions, please contact me or my Postal Office directly.

Sincerely,



Tomas Bello

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UNITED STATES POSTAL INSPECTION SERVICE

MIAMI DIVISION

October 23, 1998

|||||

POMAS BELLO
15490 BEDLINGTON ROAD E
HIALEAH FL 33014-2036

Dear Postal Customer:

The U. S. Postal Inspection Service has received for investigation your complaint regarding the theft of mail matter. Your complaint is being analyzed to develop investigative leads.

We regret any inconvenience caused by this situation. Please be assured of our continued attention to the security of mail matter while in the custody of the U. S. Postal Service.

Thank you for contacting the U. S. Postal Inspection Service.

Sincerely,

Patricia A. Rebello
Patricia A Rebello
Postal Inspector
3400 Lakeside DR 6th FL
Miramar, FL 33027-3242
(954) 436-7200

Ref: IS9489/102/9183061