

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 019 ***150.00

DOCUMENT # **P97000051429**

1. Entity Name

BELLO ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1002 RUSSELL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1002 RUSSELL DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIGHLAND BEACH, FL

City & State

← SAME

4. FEI Number

65076263

Applied For

Not Applicable

Zip **33487**

Country

USA

Zip

← SAME

Country

SAME

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE Company

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. **IF OVER NO TAX**
This corporation is subject to Tax on 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

**DIRECTOR
MARIANNE SALIBELLO
1002 RUSSELL DRIVE
HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: **Marianne Salibello**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2002

Date

Daytime Phone #

**561-
278-8058**

CR2E034B (12/01)