

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90266 028 ***150.00

099403 EP

DOCUMENT # P97000099444

1. Entity Name
BELL'ORO INC.



Principal Place of Business
WORLD JEWELRY CENTER
7500 W COMMERCIAL BLVD. BOOTH #38
FT. LAUDERDALE FL 33319

Mailing Address
WORLD JEWELRY CENTER
7500 W COMMERCIAL BLVD. BOOTH #38
FT. LAUDERDALE FL 33319



2. Principal Place of Business
WORLD JEWELRY CENTER

3. Mailing Address
WORLD JEWELRY CENTER

Suite, Apt. #, etc.
7480 W. COMMERCIAL BLVD

Suite, Apt. #, etc.
7480 W. COMMERCIAL BLVD

City & State
LAUDERHILL FL

City & State
LAUDERHILL FL

Zip
33319

Country
BROWARD

Zip
33319

Country
BROWARD

4. FEI Number
65-0796096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

D'ANGELO, JERRY
9525 RICHMOND CIRCLE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
MARIANNA D'ANGELO
Street Address (P.O. Box Number is Not Acceptable)
6969 BARBAROSSA ST.
BOCA RATON
City
FL Zip Code
33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marianna D'Angelo **MARIANNA D'ANGELO** **4-20-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ANGELO, JERRY 9525 RICHMOND CIRCLE BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ANGELO MARIANNA 6969 BARBAROSSA ST. BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marianna D'Angelo **MARIANNA D'ANGELO** **4/20/03** **954-746-6464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)