

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90032 018 ***150.00

A0055233

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000048250

1. Entity Name

BELLANTE'S PIZZA AND PASTA CORP

Principal Place of Business

Mailing Address

1100 PONCE DE LEON BLVD 150 S. PINE ISLAND RD
CORAL GABLES FL 33134 SUITE 500
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

10281 PINES BLVD
10281 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES FL
PEMBROKE PINES FL

Zip

Country

Zip

Country

33026
USA
33026

4. FEI Number
65-0866098

Applied For
Not Applicable

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

MAYNARD J HELLMAN
150 S PINE ISLAND RD
SUITE 500
PLANTATION FL 33324

THOMAS BILLANTE
10281 PINES BLVD
PEMBROKE PINES FL 33026

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]* DATE 4/03/01

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, 2001 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

PRESIDENT
THOMAS BILLANTE
9601 COLLINS AVE #1708
BAL HARBOUR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VICE PRESIDENT
DENNIS WACHNA
10140 NW 56TH
CORAL SPRINGS, FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
THOMAS BILLANTE
10281 PINES BLVD
PEMBROKE PINES FL 33026

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VICE PRESIDENT
DENNIS WACHNA
10281 PINES BLVD
PEMBROKE PINES FL 33026

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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]* DATE 4/03/01 954-4357090

STF FL32381F.1

CR2E034 (11/00)