2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P98000048250					Secretary of State		
1. Entity Name					04-24-2001 90032 018 ***150.00		
					V		
BELLANT	E'S PIZZA AND P						
Principal Place		Mailing Address					
	NCE DE LEON BLV		ISL	AND R	RD A0055233		
CORAL GABLES FL 33134 SUITE 500					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		PLANTATION :	вт Э	3324			
	ice of Business	3. Mailing Address					
	INES BLVD	10281 PINES BLVD			DO NOT WRITE IN THIS SPACE		
Suite, Apt.#	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For		
PEMBROK Zip	E PINES FL Country	PEMBROKE PI	NES Cou	FL	65-0866098 Not Applicable		
33026	USA	33026	Cou	ittiy	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		\$1	7. Name and Address of New Registered Agent		
			İ	Name THOMA	AS BILLANTE DENNIS WACHUA		
MAYNARD	J HELLMAN			Street Add 10281	Idress (P.O. Box Number is Not Acceptable)		
150 S P	INE ISLAND RD		ŀ	10201	LITHES BOVD		
SUITE 5				City	■ Zin Code		
	ION FL 33324			<u>PËMBR</u>	ROKE PINES FL Zip Code 33026		
8. The above i	named entity submits this statemen	t for the purpose of changin	g its regi	stered office	e or registered agent, or both, in the State of Florida.		
	1/10/00/00	•			403/01		
SIGNATURE	X Linouceum	~					
•	Signature, typed or printed name of regis	tered agent and title if applicabl	e. (NOTE: Regist	stered Agent signature required when reinstating) DATE		
9. This corpor	ation is eligible to satisfy its Intangil	ole FILE NOW	!!! FEE	IS \$150.00	0		
Tax filing re	quirement and elects to do so. 🔃	Affer MAY 1, 20					
(See criteria		Make Check Payat		epartment	2121212121212121		
11.	PRESIDENT	DIRECTORS Delete	12. TITLE	. 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Change Addition		
TITLE NAME	THOMAS BILLANTE		NAME		THOMAS BILLANTE		
STREET ADDRESS	9601 COLLINS AV		STRE	ETADDRESS	10281 PINES BLVD		
CITY - ST - ZIP	BAL HARBOUR, FI		_	- ST - ZIP	PEMBROKE PINES FL 33026		
TITLE NAME	VICE PRESIDENT DENNIS WACHNA	Delete	TITLE	- 1	VICE PRESIDENT		
STREET ADDRESS	10140 NW 56TH			ET ADDRESS	10281 PINES BLVD		
CITY - ST - ZIP	CORAL SPRINGS,	FL 33076	CITY	- ST - ZIP	PEMBROKE PINES FL 33026		
TITLE		Delete	TITL	l l	Change Addition		
NAME STREET ADDRESS			NAM	E EET ADDRESS			
CITY - ST - ZIP				- ST - ZIP			
TITLE		Delete	TITL	E	Change Addition		
NAME		_	NAM	-			
STREET ADDRESS CITY - ST - ZIP			4	EET ADDRESS '- ST - ZIP	İ		
TITLE		Delete	TITL		Change Addition		
NAME		لسما	NAM	E			
STREET ADDRESS				EET ADDRESS	,		
CITY - ST - ZIP		Dolota		/ - ST - ZIP	Change Addition		
TITLE NAME		Delete	TIT'L NAM		Change Addition		
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP				Y - ST - ZIP			
13, I hereby co	ertify that the information supplied v	ith this filing does not qualit	y for the	exemption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		

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 are 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:	X	Wachne
	, ,	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01 95+-435709C