

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066328

1. Entity Name

BELLA MARKETING CORP.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90034 025 \*\*\*150.00

Principal Place of Business 623 MORGAN STREET WINTER SPRINGS FL 32708		Mailing Address P.O. BOX 181156 CASSELBERRY FL 32718-1156	
2. Principal Place of Business 623 Morgan ST Suite, Apt. #, etc.		3. Mailing Address PO Box 181156 Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State Winter Springs FL		City & State CASSELBERRY		4. FEI Number 59-3524880	Applied For <input type="checkbox"/> Not Applicable
Zip 32708	Country Seminole	Zip 7L	Country 32718-1156	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIPPO, ROBERT M 623 MORGAN STREET WINTER SPRINGS FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIPPO, ROBERT M 623 MORGAN STREET WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIPPO, ANNABELLE J 623 MORGAN STREET WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert M. Zipco DATE: 5/25/00 DAYTIME PHONE #: 407 366 2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)