

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 025 ***150.00

DOCUMENT # P99000028177			
1. Entity Name			
BELLAGIO, INC			
Principal Place of Business		Mailing Address	
150 S.PINE ISLAND RD STE 500 PLANTATION, FL 33324		150 S.PINE ISLAND RD. STE 500 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
600 S.ROSEMARY AVENUE		301 ALMERIA AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE 3		STE 3	
City & State		City & State	
WEST PALM BEACH, FL--		CORAL-GABLES, FL --	
4. FEI Number		Applied For	
65-1005970		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country	
33401		USA	
Zip		Country	
33134		USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HELLMAN, MAYNARD		Name	
150 S.PINE ISLAND ROAD STE 500		Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324		City	
		FL	
		Zip Code	
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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLANTE, THOMAS	NAME	
STREET ADDRESS	9601 COLLINS AVENUE STE 1708	STREET ADDRESS	
CITY - ST - ZIP	BAL HARBOUR, FL 33154	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Thomas Billante</i>		Date 4-25-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 659-6160	

A0070777

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)