## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2000 08:00 AM DOCUMENT # P99000042312 1. Entity Name **Secretary of State** BELLA CASA, INC. Principal Place of Business Mailing Address 798 CAMINO GARDENS LANE 798 CAMINO GARDENS LANE BOCA RATON FL BOCA RATON FL 33432 33432 2. Principal Place of Business 3. Mailing Address 1258 SW 14TH STREET 1258 SW 14THSTREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FL. 65-0925855 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33486 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADY BRADY RUSSELL 798 CAMINO GARDENS LANE Street Address (P.O. Box Number is Not Acceptable) 1258 SW 14TH STREET BOCA RATON FL 33432 City Zip Code BOĆA RATON 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. 04/30/2000 RUSSELL A. BRADY Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE PRES ☐ Detete ☐ Change X Addition NAME BRADY RUSSELL STREET ADDRESS 1258 SW 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON 33486 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.