

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053346

1. Entity Name

BELLAVITA INTERNATIONAL CORP.

Principal Place of Business

2901 SOUTH BAYSHORE DRIVE  
PH-E  
MIAMI FL 33133

Mailing Address

2901 SOUTH BAYSHORE DRIVE  
PH-E  
MIAMI FL 33133-6016

2. Principal Place of Business

2911 GRAND AVE

3. Mailing Address

2911 GRAND AVE

Suite, Apt. #, etc.

3B

Suite, Apt. #, etc.

3B

City & State

COCONUT GROVE FL

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

SWIETELSKY, VIVIANNE M  
2901 SOUTH BAYSHORE DRIVE  
PH-E  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSD  
SWIETELSKY, VIVIANNE M  
2901 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

VIVIANNE M. SWIETELSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/00 305.446.0029

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90052 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE