

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/

FILED
May 17, 2000 8:00 am
Secretary of State
 03-01-2000 90099 047 ***150.00

DOCUMENT # P99000056014

1. Entity Name
SAVIANO'S BELLA FIORI AND COMPANY, INC.

Principal Place of Business 4792 N CITATION DR APT 202 DELRAY BEACH FL 33445	Mailing Address 4792 N CITATION DR APT 202 DELRAY BEACH FL 33445-6537
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2. Principal Place of Business 491 N.E. 20TH STREET Suite, Apt. #, etc.	3. Mailing Address 491 N.E. 20TH STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0928219	Applied For <input type="checkbox"/> Not Applicable
Zip 33431	Country PALM BEACH	Zip 33431	Country PALM BEACH

6. Name and Address of Current Registered Agent SAVIANO, PATRICIA M 4792 N CITATION DR APT 202 DELRAY BEACH FL 33445	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 type="checkbox"/>	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. <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 SAVIANO, PATRICIA M 4792 N CITATION DR APT 202 DELRAY BEACH FL 33445 <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	<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; 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 attachment with an address, with all other like empowered.

SIGNATURE **PATRICIA M. SAVIANO**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00 **561-417-2646**
 Date Daytime Phone #

CR2E034 (9/99)