2000 UNIFORM BUSINESS REPORT (UBR)

1of2

DOCUMENT # P99000070469

1. Entity Name

J.L. BELLA CORPORATION

FILED
00 JUL 14 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
114 PLACITA COURT PORT ST. LUCIE FL 34983	~~114 PLACITA COURT PORT ST. LUCIE FL 34983~~

2. Principal Place of Business	3. Mailing Address
	13354 N.W. St. Lucie W. Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #216
City & State	City & State Port St. Lucie FL
Zip / Country	Zip 34986 / Country USA

4. FEI Number 65-0942752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AJINKYA, ARVIND B
4524 GUN CLUB ROAD #102
WEST PALM BEACH FL 33415

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLA, JOH 114 PLACITA COURT PORT ST. LUCIE FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003335103--9 -07/25/00--01055--020 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLA, LORI 114 PLACITA COURT PORT ST. LUCIE FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: SIGNATURE REQUIRED [signature] 7/10/00 561-878-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Division of Corporations,

I apologize for this report being filed late. The mailing address you have was incorrect. It was mailed to the principal place of business and I am on the road full time. I'm only at the place of business a few times a year and do not receive any mail there. All my mail is sent to my mailing address and is forwarded to me on the road. This is the first year that I was supposed to file and did not know that I should be looking for the report after January. I will not make that mistake again. I have enclosed the original fee of $150.00 in the hope that you will forgive my mistake. I hope you can because I am not in a financial position to pay the penalty. Thank you.

Sincerely,

John Bell