

2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90043 043 ***150.00

DOCUMENT # P98000070881

1. Entity Name

MARIO PINTO ENTERPRISES, INC.

553008



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
910 DEL PRADO BLVD SOUTH CAPE CORAL FL 33990-3622 US		910 DEL PRADO BLVD SOUTH CAPE CORAL FL 33990-3622 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0856945	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINTO, MARIO R
910 DEL PRADO BLVD SOUTH
CAPE CORAL FL 33990-3622

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)

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	D	<input type="checkbox"/> Delete
NAME	PINTO, MARIO R	
STREET ADDRESS	720 S.E. 6TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PINTO, MARIA	
STREET ADDRESS	720 SE 6TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mario R Pinto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF UBR OR INDICATOR

CS/SPS 10-000