

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90089 044 ***150.00

DOCUMENT # K98385

1. Entity Name
GUIDO MORANA JEWELERS, INC.

Principal Place of Business % MARIA C MORANA 4317 N ARMENIA AVE TAMPA FL 33607	Mailing Address % MARIA C MORANA 4317 N ARMENIA AVE TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

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 59-2955322	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORANA, MARIA C
 4317 N ARMENIA AVE
 TAMPA FL 33607**

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MORANA, MARIA C	
STREET ADDRESS	2706 W OSBORNE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANISCALCO, MARIETTA M	
STREET ADDRESS	2708 W OSBORNE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOCOBO, MARISELLA M	
STREET ADDRESS	2706 W OSBORNE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANA, MARIA C.	
STREET ADDRESS	10325 CARROLL COVE PL	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, MARIETTA M.	
STREET ADDRESS	10323 CARROLL COVE PL	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCOBO, MARISELLA M.	
STREET ADDRESS	10325 CARROLL COVE PL	
CITY-ST-ZIP	TAMPA FL 33612	
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: *Mye Morana*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-16-01 Daytime Phone #: (813) 879-4448

CR2E034 (10/00)