

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367451

1. Entity Name

MALIO'S, INC.

Principal Place of Business

3015 DALE MABRY HWY
TAMPA FL 33609
US

Mailing Address

301 S DALE MABRY
P O BOX 18534
TAMPA FLA 33679-8534

2. Principal Place of Business

301 S. DALE MABRY Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33609

Country

USA

Zip

Country

4. FEI Number

59-1298565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IIVARONE, MALIO J.
3435 BAYSHORE BLVD. #301
TAMPA FL 33629

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SANCHEZ, RAY
13812 MILL COVE CIR
TAMPA, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SANCHEZ, DENNIS G
2413 BAYSHORE BLVD #404
TAMPA, FL 0- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
IIVARONE, MALIO J.
3435 BAYSHORE BLVD. #301
TAMPA, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
IIVARONE, SHIRLEY
3435 BAYSHORE BLVD. #301
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
IIVARONE, DEREK E
615 ARBOR LAKE LN
TAMP FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Shirley Iivarone SHIRLEY IIVARONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

(813) 879-3233

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE