

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367451

1. Entity Name
MALIO'S, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90319 023 ***158.75

Principal Place of Business
301 SOUTH DALE MABRY HIGHWAY
TAMPA FL 33609
US

Mailing Address
301 S DALE MABRY
P O BOX 18534
TAMPA FLA 33679

725028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1298565

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

907 SEDDON COVE WAY

City TAMPA

FL

Zip Code 33602

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, 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
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
IAVARONE, MALIO J.
3435 BAYSHORE BLVD. #301
TAMPA, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
~~907 SEDDON COVE WAY~~
TAMPA, FL 33602

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
907 SEDDON COVE WAY
TAMPA, FL 33602

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3934 FONTAINEBLEAU DR.
TAMPA, FL 33634

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 A. Iavarone SHIRLEY A. IAVARONE 2-2-01 813-879-3233
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)