

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MD1000002174

1. Entity Name
MARVISTA HOLDINGS LLC

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90217 039 ****55.00

Principal Place of Business
**2 NORTH TAMiami TRAIL, 12TH FLOOR
SARASOTA FL 34236**

Mailing Address
**2 NORTH TAMiami TRAIL, 12TH FLOOR
SARASOTA FL 34236**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
33 Normandy Lane
Suite, Apt. #, etc.

City & State
Riveride, CT

City & State
Riveride, CT

Zip
06878

Country
USA

4. FEI Number
06-163-1366

Applied For
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired
☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CIANCI, JEFFREY
33 NORMANDY LANE
RIVERSIDE CT 06878**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE: [Signature] Jeffrey Cianci

4/28/02 (917) 684-8425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)