

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000071196**

1. Entity Name  
**MARIAVO INVESTMENTS, INC.**

Principal Place of Business KRESS BLDG, STE M-8, 475 CENTRAL AVE  ST PETERSBURG FL 33701	Mailing Address KRESS BLDG, STE M-8, 475 CENTRAL AVE  ST PETERSBURG FL 33701
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2. Principal Place of Business 475 CENTRAL AVE  Suite, Apt. #, etc. KRESS BLDG, STE M-8	3. Mailing Address C/O ERNEST L. MASCARA, P.A.  Suite, Apt. #, etc. KRESS BLDG, STE M-8, 475 CENTRAL AVE
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DO NOT WRITE IN THIS SPACE

City & State ST PETERSBURG FL	City & State ST PETERSBURG FL	4. FEI Number <b>59-3665742</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33701	Country US	Zip 33701	Country US

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MASCARA ERNEST L  
 KRESS BLDG, STE M-8, 475 CENTRAL AVE  
  
 ST PETERSBURG FL 33701

**7. Name and Address of New Registered Agent**

Name  
 MASCARA ERNEST L  
 Street Address (P.O. Box Number is Not Acceptable)  
 475 CENTRAL AVE  
 KRESS BLDG, STE M-8  
 City  
 ST PETERSBURG FL Zip Code  
 33701

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 **ERNEST L. MASCARA**

**02/27/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIAVO MARIAN 1400 COUNTRY TRAILS DR SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIAVO MARIAN 1400 COUNTRY TRAILS DR SAFETY HARBOR FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARIAN SCHIAVO**

D

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)