

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90306 037 \*\*\*150.00

**DOCUMENT # P02000041658**

1. Entity Name  
**MARIANI CONCRETE PUMPING, INC.**



Principal Place of Business  
P.O. BOX 608468  
ORLANDO FL 32660

Mailing Address  
P.O. BOX 608468  
ORLANDO FL 32660

2. Principal Place of Business  
**7120 OVERLAND RD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 608468**  
Suite, Apt. #, etc.

City & State  
**ORLANDO FLORIDA**

City & State  
**ORLANDO FL**

4. FEI Number  
**74-3039333**

Applied For  
Not Applicable

Zip  
**32800**

Country  
**ORANGE**

Zip  
**32860**

Country  
**ORANGE**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARIANI, ALBERTO**  
**1012 BEARDED OAKS TERRACE**  
**LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>PRESIDENT</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>ALBERT MARIANI</b>             |                                 |
| STREET ADDRESS | <b>1012 BEARDED OAKS TR.</b>      |                                 |
| CITY-ST-ZIP    | <b>LONGWOOD FL 32779</b>          |                                 |
| TITLE          | <b>V.P.</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>MARIO MARIANI JR</b>           |                                 |
| STREET ADDRESS | <b>1644 WICKIE CROSSING BLVD.</b> |                                 |
| CITY-ST-ZIP    | <b>APOPKA, FL 32703</b>           |                                 |
| TITLE          | <b>SEC. TREASURER</b>             | <input type="checkbox"/> Delete |
| NAME           | <b>Lawrence McZern</b>            |                                 |
| STREET ADDRESS | <b>860 Appaloosa Highway Ct.</b>  |                                 |
| CITY-ST-ZIP    | <b>APOPKA, FL 32712</b>           |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Albert MARIANI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03 407-578-1200**  
Date Daytime Phone #

CR2E034 (10/02)

Form **2553**

(Rev. October 2001)

Department of the Treasury  
Internal Revenue Service**Election by a Small Business Corporation**

(Under section 1362 of the Internal Revenue Code)

▶ See Parts II and III on back and the separate instructions.

OMB No. 1545-0146

▶ The corporation may either send or fax this form to the IRS. See page 2 of the instructions.

**Notes:** 1. Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, for any tax year before the year the election takes effect.2. This election to be an S corporation can be accepted only if all the tests are met under **Who May Elect** on page 1 of the instructions; all shareholders have signed the consent statement; and the exact name and address of the corporation and other required form information are provided.3. If the corporation was in existence before the effective date of this election, see **Taxes an S Corporation May Owe** on pg. 1 of the instr.**Part I Election Information****74-3039333**Please  
Type  
or Print

Name of corporation (see instructions)

**MARIANI CONCRETE PUMPING, INC.****A Employer identification number****APPLIED FOR**

Number, street, and room or suite no. (If a P.O. box, see instructions.)

**P.O. BOX 608468****B Date incorporated****4/11/02**

City or town, state, and ZIP code

**ORLANDO****FL 32860-8468****C State of incorporation****FLORIDA****D** Check the applicable box(es) if the corporation, after applying for the EIN shown in A above, changed its name

or address

**E** Election is to be effective for tax year beginning (month, day, year)▶ **4/11/02****F** Name and title of officer or legal representative who the IRS may call for more information**G Telephone number of officer  
or legal representative****407-578-1200****ALBERTO MARIANI, PRESIDENT****H** If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the earliest of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business▶ **4/11/02****I** Selected tax year: Annual return will be filed for tax year ending (month and day) ▶ **12/31**

If the tax year ends on any date other than December 31, except for an automatic 52-53-week tax year ending with reference to the month of December, you must complete Part II on the back. If the date you enter is the ending date of an automatic 52-53-week tax year, write "52-53-week year" to the right of the date. See Temporary Regulations section 1.441-2T(e)(3).

**J** Name and address of each shareholder, shareholder's spouse having a community property interest in the corporation's stock; and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)**K Shareholders' Consent Statement.**

Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Shareholders sign and date below.)

**L Stock owned**Number  
of sharesDates  
acquired**M Social security  
number or employer  
identification number  
(see instructions)****N Shareholder's  
tax  
year  
ends  
(month  
and  
day)****ALBERTO MARIANI  
1012 BEARDED OAKS TER  
LONGWOOD, FL 32779***Alberto Mariani***4/18/02****100****4/11/02****085-36-3237****12/31****MARIO MARIANI, JR.  
1644 WEKIVA CROSSING  
APOPKA, FL 32850***Mario Mariani***4/18/02****100****4/11/02****130-64-5333****12/31****LAWRENCE MEZERA  
800 GRAND HUGHEY CT.  
APOPKA, FL 32712***Lawrence Mezera***4/18/02****100****4/11/02****527-73-0902****12/31**Internal Revenue Service  
**Received****APR 23 2002**

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of officer ▶ *Alberto Mariani*Title ▶ **PRESIDENT**

Date ▶

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Form **2553** (Rev. 10-2001)