

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009261

1. Entity Name

MAINERO CORPORATION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90044 016 ***150.00

Principal Place of Business

Mailing Address

2249 SW 119TH AVE
SUITE 5D
MIRAMAR FL 33025
US

2249 S.W. 119TH AVE.
SUITE 5D
MIRAMAR FL 33025-5662
US

2. Principal Place of Business

2249 S.W. 119 AV.

3. Mailing Address

2249 S.W. 119 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

City & State

MIRAMAR FL.

Zip

33025

Country

U.S.

Zip

33025

Country

U.S.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAINERO, VICTOR M
2249 S.W. 119TH AVE.
SUITE 5D
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name MAINERO VICTOR M.

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

2249 S.W. 119 AV.

MIRAMAR FL.

FL

Zip Code

33025

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	MAINERO, VICTOR M	
STREET ADDRESS	2249 S.W. 119TH AVE.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SH	<input type="checkbox"/> Delete
NAME	MAINERO, MARIA N	
STREET ADDRESS	2249 S.W. 119TH AVE.	
CITY-ST-ZIP	MIRAMAR FL 33025	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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:

VICTOR M. MAINERO

3-6-00 (305) 335 2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)