

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 90016 017 ***150.00

DOCUMENT # P93000065540

1. Entity Name
MARIA-TINAVISION, INC.

Principal Place of Business

751 EUCLID AVE.
 SUITE 1
 MIAMI BEACH FL 33139

Mailing Address

751 EUCLID AVE.
 SUITE 1
 MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.
35 NE 40 St./Str. #G2
 City & State
MIAMI, FL
 Zip
33137
 Country
USA

3. Mailing Address

Suite, Apt. #, etc.
35 NE 40 St. STE #G2
 City & State
MIAMI, FL
 Zip
33137
 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0442074**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KARAMANLAKIS, MARIA-TINA
751 EUCLID AVE.
SUITE 1
MIAMI BEACH FL 33139

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 *M. T. Karamanlakis* DATE *4/29/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	KARAMANLAKIS, MARIA-TINA	
STREET ADDRESS	751 EUCLID AVE., SUITE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAMANLAKIS, MARIA-TINA	
STREET ADDRESS	35 NE 40 STREET, STE #G2	
CITY-ST-ZIP	MIAMI, FL 33137 USA	
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		

↑ Address Change only

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:

M. T. Karamanlakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 305.573.8848
Date Daytime Phone #

CR2E034 (10/00)