

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038916

1. Entity Name

MARINO PARKING SYSTEMS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90154 034 ***150.00

Principal Place of Business

Mailing Address

~~5250 S.W. 21ST STREET~~

~~3250 S.W. 21ST STREET~~

17810 W DIXIE Hwy
Aventura FL 33180

110A BOBOLINK WAY
Naples, FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0581907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARINO, TONY

~~5250 S.W. 21ST STREET~~

~~PLANTATION FL 33317~~

110A BOBOLINK WAY
Naples FL 34105

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARINO, TONY	
STREET ADDRESS	5250 S.W. 21ST STREET 110A BOBOLINK WAY	
CITY-ST-ZIP	PLANTATION FL Naples FL 34105	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARINO, CHERYL SILVER	
STREET ADDRESS	5250 S.W. 21ST STREET 110A BOBOLINK WAY	
CITY-ST-ZIP	PLANTATION FL Naples FL 34105	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #