

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P96000031718

1. Entity Name  
MARIO'S LAWN SERVICE, INC.

Principal Place of Business  
610 NW 86th Ave  
Pembroke Pines, FL 33319

Mailing Address  
610 NW 86th Ave  
Pembroke Pines, FL 33319

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  
65-0670698

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

01 APR 19 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Augello, Dominic  
610 NW 86th Ave  
Pembroke Pines, FL 33319

Name

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

City

FL

Zip Code  
33024

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 *Domenico Augello*  
Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

Date 4-9-01

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 ☐ \$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Angello, Dominic  
STREET ADDRESS 610 NW 86th Ave  
CITY - ST - ZIP Pembroke Pines, FL

☐ Delete

TITLE  
NAME Angello, Dominic  
STREET ADDRESS  
CITY - ST - ZIP

☒ Change ☐ Addition

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☐ Change ☐ 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: *Domenico Augello* DOMENICO AUGELLO

4/9/01

954-437-2809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (9/99)

400004086044  
-04/30/01--01002--013  
\*\*\*300.00 \*\*\*300.00

mw

Division of Corporations  
Uniform Business Report  
P.O. Box  
Tallahassee, FL 32302-1500  
Reinstatements

Ref: Marios Lawn Service  
Document Number P96000031718

Taxpayer Assistance:

Thank you for your help when I had called you about not receiving our annual report forms.

According to your instructions I am submitting our 2000 Uniform Business Report and a check for our 1999 and 2000 reports in the amount of \$300.00.

Please reinstate our corporation as soon as possible and we want to thank you again for your help.

Sincerely yours,

Dominic Augello  
President