

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059064

1. Entity Name

MARVITO ENTERPRISES, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90246 013 \*\*\*150.00

Principal Place of Business

32922 US HWY 19 N  
PALM HARBOR FL 34684

Mailing Address

9821 BALSARIDGE CT.  
NEW PORT RICHEY FL 34655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3388739

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DICARLO, MARIE-LOUISE  
9821 BALSARIDGE CT.  
NEW PORT RICHEY FL 34655

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DICARLO, VITO  
STREET ADDRESS 9821 BALSARIDGE CT.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE STD  
NAME DICARLO, MARIE L  
STREET ADDRESS 9821 BALSARIDGE CT.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE \_\_\_\_\_  
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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

TITLE \_\_\_\_\_  
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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

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CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Change ☐ Addition

TITLE \_\_\_\_\_  
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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_ ☐ 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: Vito D. Carolo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-787-7529

CR2E034 (10/00)

0427006