

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90141 001 ***300.00

DOCUMENT # P97000084402

1. Entity Name
MARIA ENTERPRISES, INC.

Principal Place of Business Mailing Address
41 MARINA ISLE BLVD **41 MARINA ISLE BLVD**
INDIAN HARBOR FL 32937 **INDIAN HARBOR FL 32903-4728**
596 Veracruz Blvd. *596 Veracruz Blvd.*

10893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Indianalantic, Fla. *Indianalantic, Fla.*
 Zip Country Zip Country
32903 *Brevard* *32903* *Brevard*

4. FEI Number Applied For
59-3474796 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAZZELLA, MELINDA
41 MARINA ISLE BLVD
INDIAN HARBOR FL 32937

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
596 Veracruz Blvd.
 City State Zip Code
Indianalantic **FL** *32903*

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 *Melinda Mazzella*
 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	D <input type="checkbox"/> Delete
NAME	MAZZELLA, MELINDA
STREET ADDRESS	41 MARINA ISLE BLVD
CITY-ST-ZIP	INDIAN HARBOR FL 32937
TITLE	D <input type="checkbox"/> Delete
NAME	MAZZELLA, GIUSEPPE
STREET ADDRESS	41 MARINA ISLE BLVD
CITY-ST-ZIP	INDIAN HARBOR FL 32937
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	<i>596 Veracruz Blvd.</i>
CITY-ST-ZIP	<i>Indianalantic, Fla. 32903</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>596 Veracruz Blvd.</i>
CITY-ST-ZIP	<i>Indianalantic, Fla. 32903</i>
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: *Melinda Mazzella* **Melinda Mazzella** Date *4/17/2000* Daytime Phone # *321-7778001*

CR2E034 (9/99)