

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91184 033 \*\*\*150.00

**DOCUMENT #** P97000100222  
 1. Entry Name  
**CERVONE, CORPORATION**

Principal Place of Business      Mailing Address  
~~290 North Boardwalk~~      ~~Box 310312~~  
~~Hollywood Fl 33019~~      ~~MIami, Fl 33231~~

2. Principal Place of Business      3. Mailing Address  
 825 S. Bayshore Dr      825 S. Bayshore Dr.  
 Suite, Apt. #, etc.      Suite, Apr. #, etc.  
 # 651      # 651

City & State      City & State  
 Miami, Florida      MIami, Florida

Zip      Country      Zip      Country  
 33131           33131          

4. FEI Number      Applied For  
 65-0801127      Not Applicable

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

DO NOT WRITE IN THIS SPACE

**00070037**

6. Name and Address of Current Registered Agent  
**CERVONE, CARMINE**  
 825 S. Bayshore Dr /  
 Suite # 651  
 Miami, Fl 33131

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

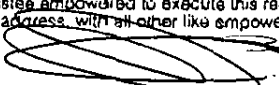
**FILE NOW!!! FEE IS \$750.00**  
**THRU MAY 31, 2001! Fee will be \$550.00**  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Cervone, Carmine 825 S. Bayshore Dr # 651 Miami, Fl 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Demarinis, Filomena 825 S. Bayshore Dr. # 651 MIami, Fl 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Cervone, Nicola Giovanni 825 S. Bayshore Dr. # 651 Miami, Fl 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Demarinis, Filomena 825 S. Bayshore Dr. # 651 Miami, Fl 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Nicola G. Cervone. 4/30/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (1/1/01)