

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90045 009 ***150.00

FORM 1000 1/01

DOCUMENT # P97000100222

1. Entity Name
CERVONE, CORPORATION

Principal Place of Business 825 S BAYSHORE DRIVE 651 MIAMI FL 33131	Mailing Address 825 S BAYSHORE DRIVE 651 MIAMI FL 33131
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2. Principal Place of Business 6301 BISCAYNE BLVD.	3. Mailing Address 6301 BISCAYNE BLVD.
Suite, Apt. #, etc. # 114	Suite, Apt. #, etc. # 114
City & State Miami, FL	City & State Miami, FL

DO NOT WRITE IN THIS SPACE

Zip 33138	Country US	Zip 33138	Country US
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4. FEI Number 65-0801127	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CERVONE, CARMINE
825 S. BAYSHORE DR.
#651
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
6301 BISCAYNE BLVD
SUITE # 114
 City **Miami** FL Zip Code **33138**

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 _____ (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, 2002 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 PT	<input checked="" type="checkbox"/> Delete
NAME CERVONE, CARMINE	
STREET ADDRESS 825 S. BAYSHORE DRIVE #651	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VP	<input type="checkbox"/> Delete
NAME DEMARINIS, FILOMENA	
STREET ADDRESS 825 S. BAYSHORE DRIVE #651	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VPS	<input checked="" type="checkbox"/> Delete
NAME CERVONE, NICOLA G	
STREET ADDRESS 825 S BAYSHORE DR 651	
CITY-ST-ZIP MIAMI FL 33131	
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 VP/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CERVONE, CARMINE	
STREET ADDRESS 6301 BISCAYNE BLVD #114	
CITY-ST-ZIP Miami FL 33138	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P/S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CERVONE, NICOLA G.	
STREET ADDRESS 6301 BISCAYNE BLVD SUITE 114	
CITY-ST-ZIP Miami, FL 33138	
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 ~~an other~~ ~~trustee~~ ~~empowered~~.

SIGNATURE: Nicola G. Cervone 1/14/02 305
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)