

# UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000090402

1. Entity Name

MARCO ISLAND HIDEAWAYS, Inc

FILED

00 SEP 14 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

Marco Island 859 Wintergreen Ct  
Fl. 34145 Marco Island  
Fl. 34145

2. Principal Place of Business

3. Mailing Address

Marco Island 859 Wintergreen Ct  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Marco Island Fl Marco Island Fl

Zip

Country

Zip

Country

34145 U.S.A 34145 U.S.A

4. FEI Number

Applied For

65-0898412

Not Applicable

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

Name

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

City

FL

Zip Code

MARIA T. BARBEITO-LOVETT  
7720 SW 78 ST  
MIAMI FL 33143

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

Maria T. Barbeito-Lovett

9/13/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	Directors	<input type="checkbox"/> Delete
NAME	ANTONIO BARBEITO	
STREET ADDRESS	859 WINTERGREEN CT.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	Director	<input type="checkbox"/> Delete
NAME	MARIA ELENA BARBEITO	
STREET ADDRESS	859 WINTERGREEN CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARIA T. BARBEITO-LOVETT	
STREET ADDRESS	859 WINTERGREEN CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JACQUELINE BARBEITO	
STREET ADDRESS	859 WINTERGREEN CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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"/> Change <input type="checkbox"/> Addition
NAME	900003407319--8	
STREET ADDRESS	-09/28/00--01012--009	
CITY-ST-ZIP	****300.00 ****300.00	
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		
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: Maria T. Barbeito-Lovett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 305-324-830

Date

Daytime Phone #

KE

CR2E034 (5/00)

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09/13/00

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: P98000090402

Dear Sir/Madam:

I am writing to respectfully request a waiver of the additional reinstatement fee due to the fact that our UBR was not received in the previous year. I have enclosed the completed 2000 UBR and a check for \$300.

If you have any questions, please contact me at 305-460-2139. Thanks in advance for your assistance on this matter.

Sincerely,

*Maria T. Barbeito*  
Maria Barbeito