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03-24-2002 90022 042 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR) P98000093297

DOCUMENT # 1. Entity Name

MARIAH DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

85 CARIBBEAN RD. NAPLES FL 34108

85 CARIBBEAN RD. NAPLES FL 34108

2. Principal Place of Business 9813 CHELSEA 3. Mailing Address PLACE CHELSEA 9813 Suite, Apt. #, etc. Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State	FL	City & State NAPLES	FL	4. FEI Number 59-3543218	Applied For Not Applicabl	
Zip 34/09	Country	Zip 34/09	Country		8.75 Additional se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
NAPLES-LAWDO	•		Name Street Add	dress (P.O. Box Number is Not Acceptable)		

City

(NOTE: Registered Agent signature required when reinstating)

PLACE

4501 N. TAMIAMI TR., #300 NAPLES FL 34103

(See criteria on back)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

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

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE KLUBERDANZ, WALLACE NAME & NAME STREET ADDRESS C/O 4501 N. TAMIAMI TRAIL #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Delete Change Change ☐ Addition TITLE TITLE VPST NAME NAME ATTANASIO, DREW N 9813 CHELSEA PLACE STREET ADDRESS STREET ADDRESS **85 CARIBBEAN ROAD** CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Maddition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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