

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91335 023 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000104230

1. Entity Name
MARIS, USA, INC

Principal Place of Business
25873 U.S. 19 N

Mailing Address
25873 U.S. 19 N

CLEARWATER, FL
33763

CLEARWATER, FL
33763

2. Principal Place of Business
1390 WILDWOOD LAKE BLVD

3. Mailing Address
1390 WILDWOOD LAKE BLVD

Suite, Apt. #, etc.
APT. 7

Suite, Apt. #, etc.
APT. 7

City & State
NAPLES, FL.

City & State
NAPLES, FL.

4. FEI Number
59-3555028

Applied For
Not Applicable

Zip
34104

Country
USA

Zip
34104

Country
USA

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

D
SALOMONI, ALBERTO
25873 U.S. 19 N
CLEARWATER, FL. 33763

Name
SALOMONI, ALBERTO
Street Address (P.O. Box Number is Not Acceptable)
1390 WILDWOOD LAKE BLVD APT. 7

City
NAPLES

FL Zip Code
34104

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

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. May Be Added to Fees

\$5.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

00053978

DO NOT WRITE IN THIS SPACE