

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000000613****1. Entity Name**  
**MARIANA, INC.****FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90047 016 \*\*\*150.00

**Principal Place of Business**  
14700 SUNSET LN.  
FT. LAUDERDALE FL 33331**Mailing Address**  
14700 SUNSET LN.  
FT. LAUDERDALE FL 33331**00027284**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 65-0884272		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ENGLISH, SCOTT R M.D.  
16800 N.W. 2ND AVE., #204  
N. MIAMI FL 33169

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** \_\_\_\_\_  
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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>VP</b>	<b>ENGLISH, SCOTT MD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>14700 SUNSET LN</b>	<b>FORT LAUDERDALE FL 33330</b>		
<b>VP</b>	<b>ENGLISH, SCOTT MD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>14700 SUNSET LN</b>	<b>FORT LAUDERDALE FL 33330</b>		
<b>S</b>	<b>ENGLISH, ANN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>14700 SUNSET LN</b>	<b>FORT LAUDERDALE FL 33330</b>		
<b>T</b>	<b>VENEREO, MARIA A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>14700 SUNSET LN</b>	<b>FORT LAUDERDALE FL 33330</b>		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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)(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

MIGUEL VENEREO  
President

Date

03/12/01

Daytime Phone #

954 680-1529

CR2E034 (10/00)