

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90136 022 \*\*\*150.00

DOCUMENT # P99000062862

1. Entity Name

CHIARITO ENTERPRISES INC.

Principal Place of Business

Mailing Address

11601 SHELDON RD  
 TAMPA FL 33626

11601 SHELDON RD  
 TAMPA FL 33626

2. Principal Place of Business

11601 SHELDON RD

Suite, Apt. #, etc.

City & State  
 TAMPA FL

3. Mailing Address

11601 SHELDON RD

Suite, Apt. #, etc.

TAMPA FL

City & State

4. FEI Number

393586736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS GARY W  
 311 SOUTH MISSOURI AVE  
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. PRESIDENT AND DIRECTORS

TITLE NAME CHIAIRITO CHRISTINE  
 STREET ADDRESS 4964 STONELEIGH PLACE  
 CITY-ST-ZIP OLDSMAR FL 34677

TITLE NAME VICE PRESIDENT  
 NAME BUONAI NANCY  
 STREET ADDRESS 4947 KILKENNEY WAY  
 CITY-ST-ZIP OLDSMAR FL 34677

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE CHIAIRITO

Date

Daytime Phone #

CR2E034 (11/00)