

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90053 047 \*\*\*150.00

**DOCUMENT # P00000034319**  
 1. Entity Name  
**THE MARISA GROUP WAREHOUSES, INC.**

Principal Place of Business 6813 S W 81ST STREET MIAMI FL 33143	Mailing Address 6813 S W 81ST STREET MIAMI FL 33143
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2. Principal Place of Business Suite, Apt. #, etc. <b>Suite A</b>	3. Mailing Address Suite, Apt. #, etc. <b>Suite A</b>
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LISTA, WALTER L**  
**12961 DEVA STREET**  
**CORAL GABLES FL 33156**

4. FEI Number **SEE ATTACHED**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (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.  **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 OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>WALTER L. LISTA</b> <input type="checkbox"/> Delete <b>12961 DEVA ST.</b> <b>CORAL GABLES FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input type="checkbox"/> Delete <b>MARTA V. LISTA</b> <b>12961 DEVA ST.</b> <b>CORAL GABLES FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Delete <b>ISABEL L. EDWARDS</b> <b>11951 SW 124 TERRACE</b> <b>MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 **Walter L. Lista** **WALTER L. LISTA** (305)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** 3/20/01 (665-7765)  
 Date Daytime Phone #

CR2E034 (10/00)

DOC # 00000034319  
 Attached [redacted] 35501

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN \_\_\_\_\_  
 OMB No. 1545-0003

▶ Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)  
**THE MARISA GROUP WAREHOUSES, INC**

2 Trade name of business (if different from name on line 1) \_\_\_\_\_

3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (street address) (room, apt., or suite no.)  
**6813 S.W 81 STREET SUITE A**

5a Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

4b City, state, and ZIP code  
**MIAMI FLORIDA 33143**

5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located  
**DADE COUNTY FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ **261-78-4216**  
~~WALTER L. LISTA, PRESIDENT~~

8a Type of entity (Check only one box.) (see instructions)  
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_

Partnership  Personal service corp.

REMIC  National Guard

State/local government  Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ \_\_\_\_\_ (enter GEN if applicable)

Other (specify) ▶ \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Other corporation (specify) ▶ **S CORP.**

Trust

Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA** Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ **CORPORATION**

Purchased going business

Created a trust (specify type) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions)  
**5-24-00**

11 Closing month of accounting year (see instructions)  
**DEC**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . **0 . . . ▶ 8 NOV**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . **0 ▶**

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ▶ **WAREHOUSE CONSTRUCTION**

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
 If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ▶ \_\_\_\_\_

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
 Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
 Legal name ▶ **WALTER L. LISTA INC** Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN  
 \_\_\_\_\_ | \_\_\_\_\_ | **59 200 4963**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

**WALTER L. LISTA PRESIDENT**

Name and title (Please type or print clearly.) ▶ \_\_\_\_\_

Business telephone number (include area code) **(305) 665 7765**  
 Fax telephone number (include area code) **(305) 665 7768**

Signature ▶ *Walter L. Lista* Date ▶ **3/20/01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying