

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F43300

1. Entity Name

MARIPOSA ENTERPRISES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90136 017 ***150.00

Principal Place of Business

721-725 SW 17TH AVE
DELRAY BEACH FL 33444
US

Mailing Address

P.O BOX 6366
DELRAY BEACH FL 33484-6366
US

2. Principal Place of Business

725 SW 16th Ave

3. Mailing Address

Suite, Apt. #, etc.

BAY # 3

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip
33444

Country
USA

Zip

Country

4. FEI Number 65-0065925

Applied For

Not Applicable

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

MARSH, GORDON W.
2750 WEBB AVE
SUITE 104
DELRAY BEACH FL 33444

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MARSH, GORDON
2750 WEBB AVE., SUITE 104
DELRAY BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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 #

1/23/01 561-276-5495

CR2E034 (10/00)