

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93647 027 ***550.00

05029304 AT

DOCUMENT # P00000001065

1. Entity Name
MACATA ENTERPRISE CORP.

Principal Place of Business **Mailing Address**
12650 77TH STREET **12650 77TH STREET**
FELLSMERE FL 32948 **FELLSMERE FL 32948**

2. Principal Place of Business **3. Mailing Address**
116 N. LIME ST **116 N. LIME ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
FELLSMERE - FLORIDA **FELLSMERE FLORIDA**
Zip **Country** **Zip** **Country**
32948 **U.S.A** **32948** **U.S.A**

4. FEI Number **Applied For**
65-0971034 **Not Applicable**

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET., 4TH FL
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **ELENIZE MARQUES**
Street Address (P.O. Box Number is Not Acceptable)
116 N. LIME ST
City **FL** **Zip Code**
FELLSMERE **32948**

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 *Elenize Marques*
 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, 2002 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

TITLE	PYD	<input type="checkbox"/> Delete
NAME	MARQUES, ELENIZE NEVES	
STREET ADDRESS	12650 77TH STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARQUES, TANYA	
STREET ADDRESS	12650 77TH STREET	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARQUES, ELENIZE NEVES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	116 N. LIME ST. - P. PRESIDENT	
STREET ADDRESS	FELLSMERE FL 32948	
CITY-ST-ZIP		
TITLE	MARQUES TANYA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT - V.S	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	MARQUES, CARLO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURE - DIRECTOR	
STREET ADDRESS	SAME AS ABOVE D.T	
CITY-ST-ZIP		
TITLE	MARQUES, MARK ANTHONY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY - DIRECTOR	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Elenize Marques*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02
 Date

Daytime Phone #

CR2E034 (9/01)