

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 043 ***150.00

DOCUMENT # **P000000034319** ✓

1. Entity Name
THE MARISA GROUP WAREHOUSES, INC

Principal Place of Business Mailing Address
6813 SW 81 STREET SUITE A MIAMI, FL 33143 **6813 SW 81 STREET SUITE A MIAMI FL 33143**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1091491** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	P	WALTER L. LISTA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		12961 DEVA STREET	
CITY-ST-ZIP		CORAL GABLES, FL 33156	
TITLE	S	MARTA V. LISTA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		12961 DEVA STREET	
CITY-ST-ZIP		CORAL GABLES, FL 33156	
TITLE	T	EDWARDS, ISABEL L	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		11951 SW 124 TRUNCE	
CITY-ST-ZIP		MIAMI FL 33186	
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: **Walter L. Lista** **2/26/02** **305-665-7765**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)