

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90226 044 ***150.00

DOCUMENT # **P.01000004821**

1. Entity Name
M.A.R.I.A.M. Enterprise, Inc.



Principal Place of Business
**195 Jalapa Dr.
Kissimmee FL 34743**

Mailing Address
**195 Jalapa Dr.
Kissimmee FL 34743**

2. Principal Place of Business
19500 Melody Ln.

3. Mailing Address
19500 Melody Ln.

City & State
Eustis Florida

City & State
Eustis Florida

Zip
32736

Country
Lake

Zip
32736

Country
Lake

4. FEI Number
59-3693769

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DINZON, MARIA A
195 Jalapa Dr.
Kissimmee FL 34743**

7. Name and Address of New Registered Agent

Name
MARIA A. DINZON

Street Address (P.O. Box Number is Not Acceptable)
19500 Melody Ln.

City
Eustis

FL

Zip Code
32736

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARIA A. DINZON <input type="checkbox"/> Delete 8305 SW AVE BLD. 01 APTD 112 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JOSE A. MARTINEZ <input checked="" type="checkbox"/> Delete 8305 SW AVE BLD. 01 APTD 112 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WHAACELD SANCHEZ 19500 MELODY LN. EUSTIS FL 32736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR CASURCA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LORENA ARCILA 19500 MELODY LN EUSTIS FL 32736
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Provided**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03 - 407-346-4159
Date Daytime Phone #