

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90019 033 ***150.00

DOCUMENT # P01000078467

1. Entity Name
MARISLANDIA SERVICES, INC.

Principal Place of Business

3148 NW 95TH TERR
MIAMI FL 33147

Mailing Address

3148 NW 95TH TERR
MIAMI FL 33147

2. Principal Place of Business

5917 Johnson St.

Suite, Apt. #, etc.

City & State

Hollywood FL.

Zip **33021**

Country

U.S.A.

3. Mailing Address

3148 N.W. 95TH TERR.

Suite, Apt. #, etc.

City & State

Miami FL.

Zip

33135

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1126865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAPATA, JUAN B
3148 NW 95TH TERR
MIAMI FL 33147

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

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME ZAPATA, JUAN B
STREET ADDRESS 3148 NW 95TH TERR
CITY-ST-ZIP MIAMI FL 33147

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TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

CR2E034 (9/01)