

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90312 004 \*\*\*150.00

**DOCUMENT # P02000073243**

1. Entity Name  
**DEMA ENTERPRISES, INC.**



Principal Place of Business  
**901 PONCE DE LEON BLVD., STE. 603  
CORAL GABLES FL 33134**

Mailing Address  
**901 PONCE DE LEON BLVD., STE. 603  
CORAL GABLES FL 33134**



2. Principal Place of Business  
**5150 Flamingo Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**5150 FLAMINGO Road**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Cooper City FL**  
Zip  
**33330**  
Country  
**USA**

City & State  
**Cooper City FL**  
Zip  
**33330**  
Country  
**USA**

4. FEI Number  
**01-0778146**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALBORNOZ, WILLIAM H ESQ.  
901 PONCE DE LEON BLVD., STE. 603  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **Fidel Maceda**  
Street Address (P.O. Box Number is Not Acceptable)  
**1818 Mariners Lane**  
City **WESTON** FL Zip Code **33327**

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 **Fidel MACEDA**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-16-2003**

**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	<b>D MACEDA, FIDEL 901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES FL 33134</b>	<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
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	<b>D MACEDA, Fidel 1818 Mariners Ln WESTON FL 33327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACEDA, Fernando 2013 Harbor View Cr WESTON FL 33327</b>	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: **Fidel Maceda**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/2003**  
Date

**954 9932238**  
Daytime Phone #

CR2E034 (10/02)