

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082916

1. Entity Name

MARISMA ENTERPRISES, INC.

Principal Place of Business

1653 SW 70TH AVE  
POMPANO BEACH FL 33068

Mailing Address

1653 SW 70TH AVE  
POMPANO BEACH FL 33068

2. Principal Place of Business

1653 SW 70TH AVE

3. Mailing Address

1653 SW 70TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

POMPANO BCH

City &amp; State

POMPANO BCH

Zip

33068

Country

BROWARD

Zip

33068

Country

BROWARD

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90033 016 \*\*\*150.00

808685



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0534777

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ALBERICO DOS SANTOS  
4139 LAKESIDE DR  
BLOCK I  
TAMARAC FL 33319

Name

ALBERICO DOS SANTOS

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

1653 SW 70TH AVENUE

POMPANO BCH

FL

Zip Code  
33068

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, ALBERICO 4139 LAKESIDE DRIVE, BLOCK 1 TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTOS ALBERICO 1653 SW 70TH AVE POMPANO BCH FL 33068	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

04-26-01 954-6034367  
Date Daytime Phone #