

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

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

**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

**808685**

2. Principal Place of Business

**1653 SW 70TH AVE**

3. Mailing Address

**1653 SW 70TH AVE**



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**POMPANO BCH**

City & State

**POMPANO BCH**

4. FEI Number

**65-0534777**

Applied For

Not Applicable

Zip

**33068**

Country

**BROWARD**

Zip

**33068**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERICO DOS SANTOS**  
**4139 LAKESIDE DR**  
**BLOCK 1**  
**TAMARAC FL 33319**

Name

**ALBERICO DOS SANTOS**

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

**1653 SW 70TH AVENUE**

City

**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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SANTOS, ALBERICO**  
STREET ADDRESS **4139 LAKESIDE DRIVE, BLOCK 1**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **SANTOS ALBERICO** ☐ Delete  
NAME **SANTOS ALBERICO**  
STREET ADDRESS **1653 SW 70TH AVE**  
CITY-ST-ZIP **POMPANO BCH FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-26-01 954-6034367**

CR2E034 (10/00)