

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90147 010 \*\*\*150.00

**DOCUMENT# P94000082916**

1. Entity Name

**MARISMA ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**1653 SW 70TH AVE  
POMPANO BEACH FL 33068**

**1653 SW 70TH AVE  
POMPANO BEACH FL 33068**

2. Principal Place of Business

**2642 NW 33 STREET**

3. Mailing Address

**2642 NW 33 STREET**

Suite Apt. #, etc.

**# 1901**

Suite Apt. #, etc.

**# 1901**

DO NOT WRITE IN THIS SPACE

City & State

**OAKLAND PARK, FL**

City & State

**OAKLAND PARK, FL**

4. FEI Number

**65-0534777**

Applied For

Not Applicable

Zip

**33309**

Country

**USA**

Zip

**33309**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**ALBERICO DOS SANTOS**

**1653 SW 70TH AVE**

**POMPANO BEACH FL 33068**

7. Name and Address of New Registered Agent

Name

**TAX HOUSE CORPORATION**

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

**531 E SAMPLE ROAD**

City

**POMPANO BEACH**

**FL**

Zip Code

**33064**

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)

**03/12/03**

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, 2003 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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTON, ALBERICO</b>		NAME	<b>SANTOS, ALBERICO DOS</b>	
STREET ADDRESS	<b>1653 SW 70TH AVE</b>		STREET ADDRESS	<b>2642 NW 33 STREET # 1901</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33068</b>		CITY-ST-ZIP	<b>OAKLAND PARK, FL 33309</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ALBERICO DOS SANTOS - PRESIDENT**

**03/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #