

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030809

1. Entity Name

USA MARIS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90014 010 ***158.75

Principal Place of Business

Mailing Address

8215 NW 64TH ST. #7
MIAMI FL 33166
US

8215 NW 64TH ST. #7
MIAMI FL 33166-2707
US

2. Principal Place of Business

8295 NW 56 STREET
Suite, Apt. #, etc.

3. Mailing Address

8295 NW 56 STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FLORIDA
Zip
33166
Country
US

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Miami, FLORIDA
Zip
33166
Country
US

4. FEI Number 65-0740244

Applied For
Not Applicable

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

SANTOS, WELOMAR

~~8215 NW 64 ST. #7~~
~~MIAMI FL 33166~~

Name

SANTOS, WELOMAR

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

8295 NW 56 STREET

City

Miami

FL

Zip Code

33166

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SANTOS, WELOMAR	
STREET ADDRESS	8215 NW 64 ST. #7	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, WELOMAR	
STREET ADDRESS	8295 NW 56 STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

W. SANTOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/11/00 (305) 436-0554
Daytime Phone #

CR2E034 (9/99)