2002 UNIFORM BUSINESS REPORT (UBR) S16977

DOCUMENT # 1. Entity Name

MAYPE CONSTRUCTION CORP.

Principal Place of Business

1441 S.W. 139TH AVE. MIAMI FL 33184

Mailing Address

1441 S.W. 139TH AVE.

MIAMI FL 33184

·	
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #. etc.
City & State	

Apr 21, 2002 8:00 am Secretary of State
04-21-2002 90887 004 ***150.00

2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etcSuite			Suite, Apt. #etc	le,Apt.#.etc:			DO NOT-WRITE	-IN-THIS	SPACE		
City & State City & State			City & State				4. FEI Number 65-0231029 Applied For				
Zip		Country		Zip Co		try	5.	5. Certificate of Status Desired		Not Applicable \$8.75 Additional Fee Required	
	6. Name	and Address o	f Current Re	gistered Agent			7.	Name and Address of New Re	alstered	•	iu .
	PEDRO /. 139TH AVE					Name Street Add		Box Number is Not Acceptable)	Jistereu	Ageni	
MIAMI FL	33184					City			FL	Zip Cod	e
8. The above	e named entity	submits this sta	atement for th	e purpose of changing it	s registere	d office or re	gistered ag	gent, or both, in the State of Flori		-	
SIGNATURE		or printed name of reg	stered agent and t	itle if applicable. (NO	TE: Registered	Agent signature r	equired when re	einstating)	DATE	.	
9. This corporation is eligible to satisfy its Intangible — FILE NOW!!! FEE Tax filing requirement and elects to do so. (See diteria on back) After May 1, 2002 Fee Make Check Payable to D				002 Fee v	vill be \$550	.00	10. Election Campaign Finar Trust Fund Contribution.			O May Be to Fees	
11.	1	OFFIC	ERS AND DIR	ECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Doger, Pe 1441 S.W. Miami Fl			☐ Delete		T ADDRESS ST-ZIP			•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DOGER, M/ 1441 S.W. MIAMI FL			☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			•	☐ Change	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP				☐ Change	Addition
TTLE NAME STREET ADDRESS STY-ST-ZIP		-	-	☐ Delete	TITLE NAME STREET CITY-S	ADDRĒSS ST-ZIP				Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	Ų.		-	☐ Change	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:

20-2381