

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90171 035 ***150.00

DOCUMENT # P98000077819

1. Entity Name

MAYA DIRECT INC.

Principal Place of Business

C/O MONTERO
1379 OLD OAKLANE
NAPLES F: 34110

Mailing Address

C/O MONTERO
1379 OLD OAKLANE
NAPLES F: 34110

908515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O MONTERO

3. Mailing Address

C/O Montero 1900 SUNSET HARBOUR DR.

Suite, Apt. #, etc.

1900 SUNSET HARBOUR DR.

Suite, Apt. #, etc.

2208

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FL

4. FEI Number

65-0862627

Applied For

Not Applicable

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

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

MONTERO, MANUEL
1379 OLD OAK LANE
NAPLES FL 34110

Name

MONTERO, MANUEL

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

1900 SUNSET HARBOUR DRIVE

Suite 2208

City

MIAMI BEACH

FL

Zip Code

33139

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

Manuel Montero, MANUEL MONTERO President 1/22/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MONTERO, MANUEL 1379 OLD OAK LANE NAPLES FL 39110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SELEM, JOSE ELIAS AVE RUIZ CORTINES NO 51 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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:

Manuel Montero, MANUEL MONTERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)