

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90005 015 \*\*\*150.00

**DOCUMENT # F62198**

1. Entity Name  
**MAY INVESTMENTS, INC.**

Principal Place of Business

**1200 BRICKELL AVE  
 STE 900  
 MIAMI FL 33131  
 US**

Mailing Address

**1200 BRICKELL AVE  
 STE 900  
 MIAMI FL 33131  
 US**

2. Principal Place of Business

**200 South Biscayne Blvd  
 Suite, Apt. #, etc.  
 Suite 200**

3. Mailing Address

**200 So. Biscayne Blvd.  
 Suite, Apt. #, etc.  
 Suite 200**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip Country  
**33131-2310 USA**

Zip Country  
**33131-2310 USA**

4. FEI Number **65-0124761**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AGIM REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE STE 900  
 JMM  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**James M. Meyer, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Kilpatrick Stockton LLP,  
 Suite 2000,  
 200 South Biscayne Boulevard  
 Miami, Florida** Zip Code  
**33131-2310**

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 *James M. Meyer* **James M. Meyer, Esq. March 1, 2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GUTIERREZ, DIONISIO 1200 BRICKELL AVE STE 900 MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GUTIERREZ MAYORGA, ALEJANDRO 1200 BRICKELL AVE STE 900 MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GUTIERREZ MAYORGA, JUAN JOSE 1200 BRICKELL AVE STE 900 MIAMI FL</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Gutierrez, Dionisio 200 South Biscayne Blvd., #2000 Miami, Florida 33131-2310</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Gutierrez Mayorga, Alejandro 200 South Biscayne Blvd. #2000 Miami, Florida 33131-2310</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Gutierrez Mayorga, Juan Jose 200 South Biscayne Blvd., #2000 Miami, Florida 33131-2310</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 an other like empowered.

SIGNATURE: *[Signature]* **5/7/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)