

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90135 050 ****61.25

DOCUMENT # 768910

1. Entity Name

THE MAYA INSTITUTE, INC.

Principal Place of Business

Mailing Address

**115 W 3 CT
 HIBISCUS ISLE
 MIAMI BEACH FL 33139
 US**

**PO BOX 2787
 MIAMI BEACH FL 33140
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2340101

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

**ZAIAC, MANUEL
 100 SE 2ND ST
 STE 2350
 MIAMI FL 33131**

Name

CARLA OKIOS

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

115 W 3 CT

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD ANDREWS, JOAN**
 STREET ADDRESS **CALLE 13 NO 203A**
 CITY-ST-ZIP **97070 MERIDA YUCATAN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD BARBACHANO, MANUEL**
 STREET ADDRESS **CALLEJON DEL SANTISIMO 6**
 CITY-ST-ZIP **01000 MEXICO, D.F.**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D PONCE, FERNANDO**
 STREET ADDRESS **CALLE 21 NO. 97 X 18**
 CITY-ST-ZIP **97128 MERIDA YUCATAN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D CASARES, RAUL**
 STREET ADDRESS **CALLE 52 NO 400 X AVE.**
 CITY-ST-ZIP **97100 MERIDA YUCATAN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D PONCE, JOSE LUIS**
 STREET ADDRESS **CALLE 56 B NO 485**
 CITY-ST-ZIP **97000 MERIDA YUCATAN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D RUENO, LUIS**
 STREET ADDRESS **CALLE 24 NO 62 X 13 Y 15**
 CITY-ST-ZIP **97100 MERIDA YUCATAN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

Daytime Phone #

**(305)
 534-3716**

CR2E037 (9/01)