

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90174 011 ****61.25

DOCUMENT # 768910

1. Entity Name

THE MAYA INSTITUTE, INC.



Principal Place of Business

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

Mailing Address

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

22003141



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2340101**

Applied For

Not Applicable

Zip

Country

Zip

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

**CARLA, OXIOS
115 W CT
MIAMI FL 33131**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VD** ☐ Delete
NAME **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 **D** ☐ Delete
NAME **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 **D** ☐ Delete
NAME **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 **D** ☐ Delete
NAME **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 **D** ☐ Delete
NAME **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]
SIGNATURE REQUIRED

2/1/03

**305
534 3716**

CR2E037 (10/02)