## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F93000004879 May 17, 2000 8:00 am Secretary of State MAORIS CORPORATION 05-17-2000 90869 048 \*\*\*158.75 Principal Place of Business Mailing Address 444 BRICKELL AVE. 444 BRICKELL AVE. STE 809 STF 809 MIAMI FL 33131-2407 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 905 Brickell Bay Drive 905 Brickell Bay Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 524 City & State City & State 4. FEI Number Applied For 65-0441112 Not Applicable Miami, Florida Miami, Florida Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33131 USA 33131 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Massuh, Jose M. MASSUH, JOSE M Street Address (P.O. Box Number is Not Acceptable) 905 Brickell Bay Drive 444 BRICKELL AVE. **STE 809** Suite 524 **MIAMI FL 33131** Zip Code 33131 City Miami 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITI F TITLE DE MASSUH, MARIA T NAME NAME 520 BRICKELL KEY DRIVE - APT. 504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 VCVS ☐ Addition ☐ Delete TITLE TITLE MASSUH BURAYE JOSE MIGUEL NAME MASSUH BURAYE JOSE MIGUEL NAME STREET ADDRESS 444 BRICKELL AVE STE 809 STREET ADDRESS 520 BRICKELL KEY DRIVE, APT 504 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** MIAMI, FLORIDA 33131 ☐ Addition Delete TITLE Change TITI F **OUAKNINE NIURKA** NAME NAME ECHEVERRIA ROCIO STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE STE 809 DIAGONAL 128 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** GUAYAQUIL, ECUADOR Change ☐ Addition A/F ☐ Delete TITLE A/F MASSUH, JOSE M NAME NAME MASSUH, JOSE M. 444 BRICKELL AVE STE 809 STREET ADDRESS STREET ADDRESS 905 BRICKELL BAY DRIVE, SUITE 524 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** MIAMI, FLORIDA 33131 ☐ Delete 🔀 Change ☐ Addition TITLE TITLE NAME VICTOR HUGO ALVARADO STREET ADDRESS STREET ADDRESS MALECON 512 CITY-ST-ZIP CITY-ST-ZIP GUAYAQUIL, ECUADOR, ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

OR DIRECTOR

<u>305 358-1900</u>