

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36265

1. Entity Name

MAYARO INC.

Principal Place of Business

1221 LEXINGTON COURT
EL DORADO HILLS CA 95762
US

Mailing Address

1221 LEXINGTON COURT
EL DORADO HILLS CA 95762-3603
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

59-1982546

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

DOYLE, PATRICK W.
800 WEST MORSE BLVD., SUITE 1
WINTER PARK FL 32789

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.

SIGNATURE

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, 2000 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 PD ☐ Delete
NAME ALBADA-JELGERSMA, ERIC
STREET ADDRESS 1221 LEXINGTON COURT
CITY-ST-ZIP EL DORADO HILLS CA

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

TITLE CDS ☐ Delete
NAME ALBADA-JELGERSMA, FRITS
STREET ADDRESS 1221 LEXINGTON COURT
CITY-ST-ZIP EL DORADO HILLS CA

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

TITLE V ☐ Delete
NAME MACKAY, JOHN D. L.
STREET ADDRESS 650 W GEORGIA ST 21ST FLOOR
CITY-ST-ZIP VANCOUVER BR V6B 4

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

TITLE V ☐ Delete
NAME SAUNDERS, RODERICK G.
STREET ADDRESS 650 W GEORGIA ST 21ST FLOOR
CITY-ST-ZIP VANCOUVER BR V6B 4

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.P.J.M. ALBADA JELGERSMA 2/15/00 916-933-306

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90035 036 ***150.00

916815



DO NOT WRITE IN THIS SPACE