

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

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03-13-2002 90033 042 ***150.00

DOCUMENT # K31375
 1. Entity Name
MAIDI CORPORATION

Principal Place of Business % STEPHEN FREEMAN 520 BRICKELL KEY DR. SUITE 305 MIAMI FL 33131	Mailing Address % STEPHEN FREEMAN 520 BRICKELL KEY DR. SUITE 305 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0104233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required												
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2"> FREEMAN, STEPHEN 520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> State FL Zip Code </td> </tr> </table>	6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		FREEMAN, STEPHEN 520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City				State FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent										
FREEMAN, STEPHEN 520 BRICKELL KEY DR SUITE 305 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City										
		State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTRO, JANNE RENEE <input type="checkbox"/> Delete 520 BRICKELL KEY DR #305 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CASTRO, JEANNE RENEE 520 Brickell Key Dr., Suite 0-305 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete FREEMAN, STEPHEN A. 520 BRICKELL KEY DR #305 MIAMI FL	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: Stephen A. Freeman 2/20/02 (305) 374 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)