

2001 UNIFORM BUSINESS REPORT (UBR)

0011385 AF

DOCUMENT # L00000000903

FILED

01 APR 23 PM 5: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MAYA, L.L.C.

Principal Place of Business
20590 W. DIXIE HIGHWAY
C/O ALLEN S. LEVI, CPA
NORTH MIAMI BEACH FL 33180-1129

Mailing Address
20590 W. DIXIE HIGHWAY
C/O ALLEN S. LEVI, CPA
NORTH MIAMI BEACH FL 33180-1129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD. SUITE 3000
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
PORGES, REUVEN MD
STREET ADDRESS
20590 W. DIXIE HIGHWAY
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33180-1129

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

TITLE NAME ☐ Delete
MGRM
LEIBOWICH, SHLOMO MD
STREET ADDRESS
20590 W. DIXIE HIGHWAY
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33180-1129

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

TITLE NAME ☐ Delete
MGRM
RODRIGUEZ, MARIA MD
STREET ADDRESS
20590 W. DIXIE HIGHWAY
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33180-1129

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/01

305 932-2272

CR2E083 (11/00)