

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

1082

DOCUMENT # **L02000033936**

1. Entity Name

**MAYA MANAGEMENT, LLC**



FILED

2003 NOV 19 PM 2:35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

700024817557  
11/19/03--01003--026 \*\*55.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3120 Pine Tree Dr**

Suite, Apt. #, etc.

3. Mailing Address

**3120 Pine Tree Dr**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI BEACH, FL.**

City & State

**MIAMI BEACH, FL.**

4. FEI Number ( )

Applied For

Not Applicable

Zip **33140**

Country

Zip

**33140**

Country

**MIAM-DADE**

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**BERNARDO MOTOLA, ESQ.**

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

**LUSKY & MOTOLA, P.A.**

**301 Almeria Ave., Ste. 345**

City

**Coral Gables**

FL

Zip Code

**33134**

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

**BERNARDO MOTOLA, LUSKY + MOTOLA PA.**

DATE

**11-5-2003**

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MR. ADRIAN GREEN**  
**3120 PINE TREE DRIVE**  
**MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MR. YVES BARROUX**  
**5696 ATOH RD.**  
**MIAMI BEACH, FL**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

**ADRIAN GREEN**

**11/10/03**

Date

Daytime Phone #

**(305) 534 5228**

CR2E083B (12/02)

2067

LUSKY & MOTOLA, P.A.

Attorneys at Law

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FILED

2003 NOV 19 PM 2:35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

November 13, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

**RE: Maya Management, LLC Reinstatement**

Dear Madam or Sir:

Enclosed please find our client's UBR and our law firm's check in the amount of \$55.00, for processing. We request, on behalf of our client, that you kindly waive the late fee as our client never received the UBR you normally send and consequently failed to file same with you on a timely basis. Kindly confirm reinstatement to the above address.

Should you need any further information, kindly contact us.

Very Truly Yours,



Bernardo Motola  
BM/ala

cc: Adrian Green/3120 Pine Tree Drive, Miami Beach, Florida 33140