

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42895

1. Entity Name  
MAIA GOLANI CORP.

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90210 040 \*\*\*150.00

Principal Place of Business

165 TOWN CENTER  
BOCA RATON FL 33431  
US

Mailing Address

165 TOWN CENTER  
BOCA RATON FL 33431  
US

2. Principal Place of Business

6000 GLADES RD SUITE 1103  
SUITE 1103

3. Mailing Address

6000 GLADES RD  
SUITE 1103

City & State

BOCA RATON FL

Zip

33431

Country

US

City & State

BOCA RATON FL

Zip

33431

Country

US

4. FEI Number

59-2746323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESHEL, DIANA  
3883 CRESTWOOD CIR  
WESTON FL 33331

7. Name and Address of New Registered Agent

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, 2001 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

TITLE DP  
NAME ESHEL, DIANA  
STREET ADDRESS 3883 CRESTWOOD CIR  
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE D STV  
NAME ESHEL, AMIR  
STREET ADDRESS 3883 CRESTWOOD CIR  
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

561 338 4749

Daytime Phone #

CR2E034 (10/00)

0299759