

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90016 032 \*\*\*150.00

UUU4200J

DO NOT WRITE IN THIS SPACE

DOCUMENT# M 52091

1. Entity Name

MAISA CORPORATION

Principal Place of Business

821 S.W. 142 CT  
 MIAMI FL. 33184-3321

Mailing Address

821 SW 142 CT  
 MIAMI FL. 33184-3321

2. Principal Place of Business

821 SW 142 CT

3. Mailing Address

821 SW 142 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33184-3321

City & State

MIAMI FL 33184-3321

4. FEI Number

59-2806059

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CARRALERO, ERNESTO  
 13352 SW 39TH ST.  
 MIAMI FL 33175-3222

7. Name and Address of New Registered Agent

Name

CARRALERO, DIZELYS

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

821 SW 142 CT

City

MIAMI

FL

Zip Code

33184-3321

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]*  
 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARRALERO, ERNESTO	
STREET ADDRESS	13352 SW 39TH ST	
CITY-ST-ZIP	MIAMI FL. 33175-3222	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CARRALERO, DIZELYS	
STREET ADDRESS	13352 SW 39TH ST	
CITY-ST-ZIP	MIAMI FL 33175-3222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRALERO, DIZELYS	
STREET ADDRESS	821 SW 142 CT	
CITY-ST-ZIP	MIAMI FL 33184-3321	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRALERO, ERNESTO	
STREET ADDRESS	821 SW 142 CT	
CITY-ST-ZIP	MIAMI FL 33175-3221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DIZELYS CARRALERO D/P 3/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)