

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90205 023 ****70.00

DOCUMENT # N98000006020

1. Entity Name

CENTRO MAYA ORGANIZACION AMERICA INCORPORACION

Principal Place of Business

811 TURNER CIRCLE
 HOMESTEAD FL 33030

Mailing Address

811 TURNER CIRCLE
 HOMESTEAD FL 33030

2. Principal Place of Business

811 Turner Circle
 Suite, Apt. #, etc.

3. Mailing Address

811 Turner Circle
 Suite, Apt. #, etc.

City & State

Homestead Fla.

City & State

Homestead Fla.

Zip
 33030

Country

U.S.A.

Zip

33030

Country

U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CRUZ, JULIO
 811 TURNER CIRCLE
 HOMESTEAD FL 33030

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CRUZ, JULIO
 CITY-ST-ZIP 811 TURNER CIRCLE
 HOMESTEAD FL 33030

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CRUZ, ROSARIO
 CITY-ST-ZIP 811 TURNER CIRCLE
 HOMESTEAD FL 33030

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DIEGO, JUAN
 CITY-ST-ZIP 18504 SW 355 TERRACE
 FLORIDA CITY FL 33034

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RESIGNATURE REQUIRED**

305/
 5-30-01 247-4574

CR2E037 (10/00)