

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000004138**

1. Entity Name

**M.A.E.S. CORP.****FILED****May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90230 035 \*\*\*150.00

0501203

Principal Place of Business

**16375 NE 18TH AVENUE  
SUITE 307  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**16375 NE 18TH AVENUE  
SUITE 307  
NORTH MIAMI BEACH FL 33162****00050416**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**05-1094212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLAVELL, ROBERT ESQ.  
200 SOUTH BISCAYNE BLVD.  
SUITE 4600  
MIAMI FL 33131-2310**

7. Name and Address of New Registered Agent

Name

**GARY L. BROWN, ESQ.**

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

**2000 Hollywood Blvd.**

Suite 265-S

City

**Hollywood****FL**Zip Code  
**33021**

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	FLAVELL, ROBERT	
STREET ADDRESS	16375 NE 18TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

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		

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	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLTANIK, ENRIQUE	
STREET ADDRESS	16375 NE 18th Avenue, Suite 307	
CITY-ST-ZIP	North Miami Beach, FL 33162	

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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)