

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90215 016 \*\*\*150.00

DOCUMENT # 200000010217

1. Entity Name

MAYA MAGAZINES, INC.

Principal Place of Business

Mailing Address

3001 SW 28 LANE  
COCONUT GROVE, FL 33133

3001 SW 28 LANE  
COCONUT GROVE, FL 33133

**80065584**

2. Principal Place of Business

539 EUCLID AVE.

Suite, Apt. #, etc.

3. Mailing Address

539 EUCLID AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0992792

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUISA VARGAS

Name

ANA LAURA RIVAROLI

3001 SW 28 LANE, Suite 5  
COCONUT GROVE, FL 33133

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

539 EUCLID AVE.

City

MIAMI BEACH

FL

Zip Code

33139

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)

04/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☒ Delete  
NAME CARLOS M. FLORES NUÑEZ  
STREET ADDRESS 3001 SW 28 LANE  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME CARLOS M. FLORES NUÑEZ  
STREET ADDRESS 539 EUCLID AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE OFFICER ☒ Delete  
NAME LUISA VARGAS  
STREET ADDRESS 3001 SW 28 LANE  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE OFFICER ☐ Change ☒ Addition  
NAME ANA LAURA RIVAROLI  
STREET ADDRESS 539 EUCLID AVE.  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE NAME ☐ Delete  
STREET ADDRESS NAME  
CITY-ST-ZIP NAME

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

TITLE NAME ☐ Delete  
STREET ADDRESS NAME  
CITY-ST-ZIP NAME

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

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CITY-ST-ZIP NAME

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

TITLE NAME ☐ Delete  
STREET ADDRESS NAME  
CITY-ST-ZIP NAME

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

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

04/25/01

Date

Daytime Phone #

CR2E034 (11/00)