

2001 UNIFORM BUSINESS REPLY (UBR)

DOCUMENT # P00000044136

1. Entity Name
MAYA'S TRUCKING, INC

Principal Place of Business Mailing Address
**1717 Brian Way
Saint Augustine, FL 32086**

2. Principal Place of Business
SAME

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
01 NOV 29 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400004740514--3
-12/27/01--01016--004
******150.00 ****150.00**
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jaime Maya
1717 Brian Way
Saint Augustine, FL 32086

4. FEI Number
59-3643771

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

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	PD		STREET ADDRESS	ADAM M. MAYA	
CITY - ST - ZIP	Maya, Jaime		CITY - ST - ZIP	1717 BRIAN WAY	
				ST AUGUSTINE FL 32084	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	VD		STREET ADDRESS	ANA E. MAYA	
CITY - ST - ZIP	Maya, Ana E.		CITY - ST - ZIP	1717 BRIAN WAY	
				ST AUGUSTINE FL 32084	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(a), 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: _____

2082

Maya's Trucking, INC
Doc. # P00000044136

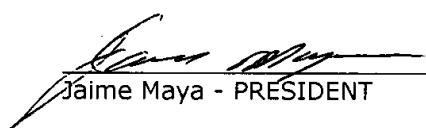
October 24, 2001

Department of State
Division of Corporations
PO BOX 6327
TALLAHASSEE, FL 32314

To whom it may concern:

Please waive me the reinstatement fee for not filing the uniform Business report on-time. I did not received any notice from you and this is the first year that I have a corporation and I did not know nothing about it.

Thank you for your attention,


Jaime Maya - PRESIDENT