2001 UNIFORM BUSINESS REPC (UBR)

DOCUMENT # P00000044136

1. Entity Name

MAYA'S TRUCKING, INC

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

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. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number: 59-3643771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jaime Maya
1717 Brian Way
Saint Augustine, FL 32086

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	PD Maya, Jaime ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAIME MAYA 1717 BRIAN Way ST Augustine Fl 32084 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Maya, Ana E. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANA E. MAYA 1717 BRIAN Way ST Augustine Fl 32084 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

2052

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

1717 Brian Way- Saint Augustine, FL 32886