

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90181 008 \*\*\*150.00

**DOCUMENT # P00000044136**

1. Entity Name

**MAYA'S TRUCKING, INC.**

Principal Place of Business

**1717 BRIAN WAY  
SAINT AUGUSTINE FL 32086**

Mailing Address

**1717 BRIAN WAY  
SAINT AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3643771**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**MAYA, JAIME  
1717 BRIAN WAY  
SAINT AUGUSTINE FL 32086**

## 7. Name and Address of New Registered Agent

Name

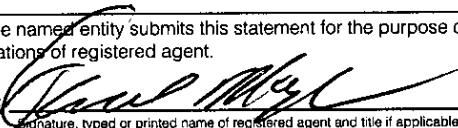
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/8/02**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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYA, JAIME</b>	NAME	
STREET ADDRESS	<b>1717 BRIAN WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32086</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYA, ANA E</b>	NAME	
STREET ADDRESS	<b>1717 BRIAN WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32086</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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)(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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/8/02 (904) 814-2583**

CR2E034 (4/02)

Attachment

Doc. # 00000044136

MAYA'S TRUCKING, INC.

DOC # 00000044136

120144

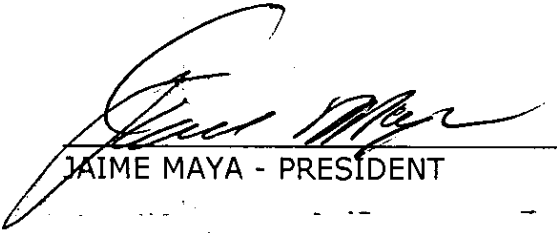
JULY 08, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE ME THE \$550 PENALTY FOR NOT FILING MY UNIFORM  
BUSINESS REPORT IN ON TIME. I HAD NOT PAID BECAUSE I DID NOT  
RECEIVED MY REPORT.

THANK YOU FOR YOUR ATTENTION,



JAIME MAYA - PRESIDENT

1717 BRIAN WAY - SAINT AUGUSTINE, FL 32086