5/22

FILED
Jun 22, 2001 8:00 am
Secretary of State
05-22-2001 90057 019 ***150.00

2001 UNIFORM BUSINESS REPOR (UBR)

DOCUMENT # P00000052614

1. Entity Name

MAPAL INC

(UA)

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2100 WEST 76TH ST
STE 402
HIALEAH, FL 33016

Mailing Address
2100 WEST 76th ST
SUITE 402
HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
2100 WEST 76TH ST	2100 WEST 76th ST
Suite, Apt. #, etc. 402	Suite, Apt. #, etc. 402
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33016 Country U.S.A.	Zip 33016 Country USA

4. FEI Number 65-1025743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANA FISCHER
2100 WEST 76th ST #
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 2100 WEST 76th ST
SUITE 402
City HIALEAH, FL Zip Code 33016

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANA Fischer 2100 WEST 76th STREET #402 HIALEAH, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2100 WEST 76th STREET #402 HIALEAH, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Ana Fischer 04-30-01 04-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #