

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

0044283 AV

DOCUMENT # P00000060189

1. Entity Name

PAUL MAY - MAY'S AUCTIONS INC.



08-14-2003 90145 001 *****8.50
08-14-2003 90145 002 ***550.00

Principal Place of Business
9900 N.E. 13TH AVENUE
MIAMI SHORES FL 33138

Mailing Address
9900 N.E. 13TH AVENUE
MIAMI SHORES FL 33138



2. Principal Place of Business

1222 NE 99ST
Suite, Apt. #, etc.
MIAMI SHORES FL 33138
City & State

3. Mailing Address

1222 NE 99ST
Suite, Apt. #, etc.
MIAMI SHORES FL 33138
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1033375

Applied For
Not Applicable

Zip 33138

Country DADE

Zip 33138

Country DADE

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, PAUL
9900 N.E. 13TH AVENUE
MIAMI SHORES FL 33138

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 *Paul D. May*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAY, PAUL	
STREET ADDRESS	9900 N.E. 13TH AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAY, FRANCES	
STREET ADDRESS	9900 N.E. 13TH AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul D. May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-2003

Date Daytime Phone #

CR2E034 (4/03)