

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90032 021 ***150.00

DOCUMENT # P00000067872

1. Entity Name
PORT MAYA, INC.

Principal Place of Business
3200 N FEDERAL HWY STE 128
BOCA RATON FL 33431

Mailing Address
3200 N FEDERAL HWY STE 128
BOCA RATON FL 33431

2. Principal Place of Business
2220 N DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address
2220 N DIXIE HWY
 Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-1034415**

Applied For
 Not Applicable

Zip **33431** Country **PALESTINE**

Zip **33431** Country **PALESTINE**

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

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ
631 U.S. HWY ONE STE 404
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **ROBERT AEBERSOLD**
 Street Address (P.O. Box Number is Not Acceptable)
2220 N. DIXIE HWY
 City **BOCA RATON FL** Zip Code **33431**

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 *Robert D. Aebersold* **ROBERT D. AEBERSOLD** **3-9-2002**
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, 2002 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARSHELL, STEVE	
STREET ADDRESS	3200 N FEDERAL HWY STE 128	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPRIGGS, DEIN	
STREET ADDRESS	3200 N FEDERAL HWY STE 128	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PST	<input type="checkbox"/> Delete
NAME	AEBERSOLD, ROBERT D	
STREET ADDRESS	3087 NE 7TH DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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		

12. 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	

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: *Robert D. Aebersold* **ROBERT D. AEBERSOLD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2002 **561-391-5057**
Date Daytime Phone #

CR2E034 (9/01)