

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053307

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: MAURA ENTERPRISES, INC.

Current Principal Place of Business:

16900 SW 298 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

16900 SW 298 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURA, JOE
16900 SW 298 ST
HOMESTEAD, FL 33030

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAURA, MICHELLE
Address: 16900 SW 298 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: DV () Delete
Name: MAURA, ESTELA
Address: 16900 SW 298 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: DT () Delete
Name: MAURA, MAXIMO
Address: 16900 SW 298 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: DS () Delete
Name: MAURA, JOE
Address: 16900 SW 298 ST
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MAURA

P

04/25/2002

Electronic Signature of Signing Officer or Director

Date