

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90227 046 \*\*\*150.00

0091492 AV

**DOCUMENT #** P01000059206

**1. Entity Name**  
MAYAN CRAFTS, INC.



**Principal Place of Business**  
298 S W 6TH AVENUE  
BOCA RATON FL 33486

**Mailing Address**  
298 S W 6TH AVENUE  
BOCA RATON FL 33486



**2. Principal Place of Business**

23200 Camino del Mar

**3. Mailing Address**

23200 Camino del Mar

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#304

203

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
BOCA RATON FL

**City & State**  
BOCA RATON, FL

**4. FEI Number** 65-1128748

**Applied For**  
☐ Not Applicable

**Zip**  
33433

**Country**  
USA

**Zip**  
33433

**Country**  
USA

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

WOLFF, KLAUS  
298 S W 6TH AVENUE  
BOCA RATON FL 33486

**Name** Wolff, Klaus  
**Street Address (P.O. Box Number is Not Acceptable)** 23200 Camino del Mar  
**Suite** Suite 304  
**City** Boca Raton **FL** **Zip Code** 33433

**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** Klaus Wolff Klaus Wolff, President July 7/03  
Signatures, 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> WOLFF, KLAUS 298 S W 6TH AVENUE BOCA RATON FL 33486	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> Klaus Wolff 23200 Camino del Mar, Suite 304 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> Sybille Wolff 23200 Camino del Mar Suite 304 Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> Patricia Wolff 23200 Camino del Mar Suite 304 Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> MAURICIO WOLFF 298 S.W. 6th Ave Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Klaus Wolff Klaus Wolff July 7/03 561-2390541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)