

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062790

1. Entity Name
MAHI, INC.



FILED

03 SEP 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9832 COSTA DEL SOL BLVD
MIAMI FL 33178

Mailing Address
9832 COSTA DEL SOL BLVD
MIAMI FL 33178

2. Principal Place of Business

9832 Costa del Sol Blvd

Suite, Apt. #, etc.

3. Mailing Address

3921 Adra Ave

Suite, Apt. #, etc.

City & State

Miami FL

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33178

Country

U.S.A

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0658-397

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, CARLOS EFRAN
9832 COSTA DEL SOL BLVD
MIAMI FL 33178

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

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 NAME DPV
MARQUEZ, CARLOS EFRAN
STREET ADDRESS 9832 COSTA DEL SOL BLVD
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE NAME ST
HIJAR, MIRYAM LIDANA
STREET ADDRESS 9832 COSTA DEL SOL BLVD
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 24 2003 (301) 884-4884

Date

Daytime Phone #

CR2E034 (4/03)