

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000062790**

1. Entity Name
MAHI, INC.



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. **3921 Adag Ave**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Fl.

City & State

Miami FL

Zip

33178

Country

United States

Zip

33178

Country

U.S.A.

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARQUEZ, CARLOS EFRAIN
9832 COSTA DEL SOL BLVD
MIAMI FL 33178**

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 *Carlo Efrain*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV**
NAME **MARQUEZ, CARLOS EFRAIN**
STREET ADDRESS **9832 COSTA DEL SOL BLVD**
CITY-ST-ZIP **MIAMI FL 33178**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2000023414916 Change
09/29/03--01131--015 ****750.00** Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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TITLE
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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:

Carlo Efrain **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 24 2003 (301) 884-4884

Date

Daytime Phone #

1001101

CR2E034 (4/03)