FILED
May 30, 2002 8:00 am
Secretary of State
04-18-2002 90409 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066916

1. Entity Name
MAFER DEVELOPMENT, INC.

32883

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2. Principal Place of Business	3. Mailing Address
6600 KINGSPOINTE	SAME ADDRESS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32819 Country: USA	Zip Country

4. FEI Number: 59-3731673 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: NORBERTO DUARTE

Street Address (P.O. Box Number is Not Acceptable): 1028 LAKESIDE DR.

City: CELEBRATION FL Zip Code: 34747

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT,
NAME	MARIA MUNOZ BETANCUR
STREET ADDRESS	6600 KINGSPOINTE PKWY, ORLANDO FL, 32819
CITY-ST-ZIP	
TITLE	VICE-PRESIDENT,
NAME	ROBERTO HERNANDEZ CASTILLO,
STREET ADDRESS	6600 KINGSPOINTE PKWY,
CITY-ST-ZIP	ORLANDO, FLORIDA, 32819
TITLE	TREASURER,
NAME	ERNESTO HERNANDEZ MUNOZ,
STREET ADDRESS	6600 KINGSPOINTE PKWY
CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	SECRETARY,
NAME	NORBERTO DUARTE
STREET ADDRESS	6600 KINGSPOINTE PKWY
CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/8/2002 407-248 2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #