

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

DOCUMENT # **PO1000077983**

1. Entity Name **MARIA DRIVING School Corp.**

FILED

02 AUG -1 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4966 S.W 143 COURT

3. Mailing Address

4966 S.W 143 COURT

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

65-1128551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

OLGA MARIA NOA1

Street Address (P.O. Box Number is Not Acceptable)

4966 SW 143 COURT

City

MIAMI

FL

Zip Code

33175

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-31-2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OLGA M. NOA1 4966 SW 143 CT MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OSWALDO N. RENA 20010 SW 147 AVE HOMESTEAD FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	600007116536-7 -08/14/02--01080--009 *****150.00 *****150.00
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**DO NOT WRITE
IN THIS SPACE**

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 **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-2002 (305) 216-6426

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MARIA DRIVING SCHOOL CORPORATION

4966 S.W. 143 COURT
MIAMI.FL.33175
PH:(305) 216-6426

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE.FL.32314

JULY 31,2002

DEAR GENTLEMEN:

IN REGARDS TO THE CORPORATION ACTUAL REPORT
I NEVER RECEIVED THE CORPORATION ANNUAL REPORT DOCUMENT, I MOVED
TO A NEW ADDRESS AS YOU CAN SEE, AND I CHANGED MY ADDRESS AT THE
POST OFFICE BUT THIS DOCUMENT WAS NEVER RECEIVED,I MOVED ON THE
MONTH OF DECEMBER 2001. BUT NO DOCUMENT WAS RECEIVED AT EITHER
ADDRESS.

MY FLORIDA STATE NUMBER IS P01000077983.

I APOLOGIZE FOR THE INCONVINIENCE AND REQUEST FROM YOU THE
DISMISSAL OF THE PENALTIES. THIS IS THE FIRST TIME IN MY LIVE THAT I HAVE
A BUSINESS.

ATTACHED IS A CHECK IN THE AMOUNT OF A \$150.00.

THANKS IN ADVANCE FOR YOUR UNDERSTANDING AND KINDNESS.

VERY TRULY YOURS.



OLGA M NOAL
PRESIDENT