# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Jun 09, 2003 8:00 am**
**Secretary of State**
05-05-2003 92195 041 ***150.00

DOCUMENT # P01000077983

1. Entity Name
MARIA Driving School Corporation

**DO NOT WRITE IN THIS SPACE**

55047060

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4966 SW 143 Court | 4966 SW 143 Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami FL | 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

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7. Name and Address of Current Registered Agent

Name: OLGA MARIA NOAL

Street Address (P.O. Box Number is Not Acceptable): 4966 SW 143 Court

City: Miami FL Zip Code: 33175

6. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Olga N. Noal - President<br>4966 SW 143 ct Mia. FL 33175 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Osvaldo Pena - Secretary<br>20040 SW 147 Ave Miami FL 33032 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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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:** _____ President 4-25-03 (305) 216-8766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #