FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91340 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091029

1. Entity Name
Mayan Group, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
838 NW 4 ST	838 NW 4 ST
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Miami, FL.	City & State: Miami, FL
Zip: 33128 Country	Zip: 33128 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1137395 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Mario Sanchez
Street Address (P.O. Box Number is Not Acceptable): 927 Euclid Ave #200
City: Miami Beach FL 33139

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

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 Sanchez, Raul 838 NW 4ST Miami, FL. 33128.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vicepresident Sanchez Mario 927 Euclid Ave #200 Miami Beach, FL, 33139	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: ______ 5/07/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE