

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90171 014 ***150.00

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1. Entity Name
MAYAN GROUP, CORP.



Principal Place of Business
1137 N.W. 4TH STREET. APT. #4
MIAMI FL 33128

Mailing Address
1137 N.W. 4TH STREET. APT. #4
MIAMI FL 33128



2. Principal Place of Business
1137 N.W. 4TH STREET

Suite, Apt. #, etc.
4

City & State
MIAMI, FL

Zip
33128

Country
USA

3. Mailing Address
1137 NW 4TH STREET

Suite, Apt. #, etc.
4

City & State
MIAMI, FL

Zip
33128

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1137395

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, MARIO
1927 EUCLID AVENUE
SUITE 200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE PD
NAME SANCHEZ, MARIO
STREET ADDRESS 1137 N.W. 4TH STREET, APT. #4
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE VD
NAME SANCHEZ, RAYMUNDO
STREET ADDRESS 1137 N.W. 4TH STREET, APT. #4
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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 reports 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: SIGNATURE F. MARIO SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)