FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90009 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103451 (L)

1. Entity Name

MAYO WOOD FLOORS, CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
365 N.E. 53 ST.	365 N.E. 53 ST.
Suite, Apt. #, etc. APT. 2	Suite, Apt. #, etc. APT. 2
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33137 Country	Zip 33137 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1149785 ☐ 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 CLAUDIO G. MAYO

Street Address (P.O. Box Number is Not Acceptable) 365 N.E. 53 ST. APT. 2

City MIAMI FLORIDA FL Zip Code 33137

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 _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	MAYO CLAUDIO G
STREET ADDRESS	365 NE 53 ST #
CITY-ST-ZIP	MIAMI FL ZIP 33137
TITLE	VICE - PRESIDENT
NAME	MARIANA B. PASTORINI
STREET ADDRESS	365 NE. 53 ST. APT. 2
CITY-ST-ZIP	MIAMI. FLORIDA ZIP. 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR