

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108147

1. Entity Name

MAYA'S CARPOOL II, CORP.

FILED

02 OCT 10 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008334830--0

-10/11/02--01059--003

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

323 NAVARRE AVE #303

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 441538

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

MIAMI, FL

Zip

33134

Country

Zip

33144-1538

Country

4. FEI Number

65-1152469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.76 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name DELMY GARCIA

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

323 NAVARRE AVENUE #303

City CORAL GABLES

FL

Zip Code

33134

DO NOT WRITE
IN THIS SPACE

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

Delmy Garcia

DELMY GARCIA

10/07/2002

Signature, Report re period name of, checked agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

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 \$350.00

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	P
NAME	DELMY GARCIA
STREET ADDRESS	2219 SW 58TH AVE, MIAMI, FL 33155
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
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CITY, ST, ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE

Delmy Garcia

DELMY GARCIA, PRESIDENT

10/07/2002

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Optional Filing #

71 10/10/02

MAYA'S CARPOOL
P. O. BOX 441538
MIAMI, FL 33144-1538
TEL. 305-725-0712

October 7, 2002

Katherine Harris,
Secretary of State
State of Florida, Division of Corporation
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Reinstatement of Corp. P-01000108147
MAYA'S CARPOOL II, CORP.

Honorable Secretary of State:

While navigating in the internet, I found that the corporation that I preside has been administratively dissolved as of 10/04/2002.

I never received any notice regarding the annual business report. Most probably the reason is that the Division sent me the form to the P.O. Box shown on the original Articles of Incorporation, that I notice now that it was wrong. Nor me or the Registered Agent received any notice regarding any returned mail, and since I file the corporation November 9, 2001, I thought that maybe it was due on November 2002.

Please waive the penalties for this being the first year of the corporation and accept the \$150.00 annual fees enclosed in order to make the corporation active again. At this time, it would be a burden to the business to have it inactive or to withdraw the kind of funds if penalties are not waived.

Thanking you in advance for your consideration, I remain,

Respectfully Yours,



Delmy Garcia
President