

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0017517 SP

DOCUMENT # P01000111564

1. Entity Name
MAAS PRODUCTION BUILDING SYSTEMS, INC.

03-12-2002 91005 018 ***150.00

Principal Place of Business
**17354 S.W. 66 TERR
 HOMESTWAD FL 33031**

Mailing Address
**17354 S.W. 66 TERR
 HOMESTWAD FL 33031**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 900050
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hmstd., FL

4. FEI Number
105-1156473
 Applied For
 Not Applicable

Zip
33090

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CARRERA, JUAN M ESQ.
 780 N.W. LEJEUNE ROAD
 SUITE 423
 MIAMI FL 33126**

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.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 President	<input checked="" type="checkbox"/> Delete
NAME Manuel C. Luna	
STREET ADDRESS 17354 SW 26th Ter.	
CITY-ST-ZIP Hmstd., FL 33031	
TITLE President	<input type="checkbox"/> Delete
NAME Manuel Luna	
STREET ADDRESS PO Box 900050	
CITY-ST-ZIP Hmstd., FL 33090	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/25/02** Daytime Phone # **(305) 244-3941**

CR2E034 (9/01)