

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90104 027 ***150.00

DOCUMENT # P02000096436

1. Entity Name

MAYRA'S ALF #3, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2750 N.W. 16 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

2750 N.W. 16 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI-FL

City & State

MIAMI-FL

4. FEI Number

32-0029963

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JULEANA CHALA

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

2750 N.W. 16 TERRACE

City

MIAMI

FL

Zip Code

33125

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 registering)

DATE

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
JULEANA CHALA
2750 N.W. 16 TERRACE
MIAMI-FL 33125

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

Daytime Phone #

CR2E034B (12/02)