

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90098 022 ***150.00

DOCUMENT # P02000125309

1. Entity Name
MAYA COPAN CORP.



Principal Place of Business
2148 NW 17 AVE
MIAMI FL 33142

Mailing Address
2148 NW 17 AVE
MIAMI FL 33142

2. Principal Place of Business

2148 NW 17 Ave
Suite, Apt. #, etc.

3. Mailing Address

2148 NW 17 Ave
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip 33142 **Country** USA

Zip 33142 **Country** USA

4. FEI Number
46-0509515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUGLAS, REYNALDO A
13514 NE 20 COURT
N MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name Reynaldo A. Ruglas
Street Address (P.O. Box Number is Not Acceptable)
13514 NE 20 Court
City N. Miami Beach FL **Zip Code** 33181

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 *Reynaldo A. Ruglas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/21/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RYGLAS, REYNALDO A	
STREET ADDRESS	13514 NE 20 COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reynaldo A. Ruglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/21/03

Daytime Phone #

CR2E034 (10/02)