

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007494

1. Entity Name

MAITA MANAGEMENT, INC.

f

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90019 003 ***150.00

Principal Place of Business

8296 S. ORANGE BLOSSOM TRL.
ORLANDO FL 32809
US

Mailing Address

8296 S. ORANGE BLOSSOM TRL.
ORLANDO FL 32809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3157584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIH, GRACE

8296 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SHIH, GRACE
CITY-ST-ZIP 8296 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



ATTACHMENT
P92000007494
0072899

12 July 2000

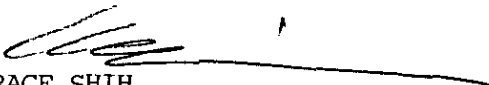
DIVISION OF CORPORATIONS
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

TO WHOM IT MAY CONCERN:

Attached is the 2000 Uniform Business Report (UBR) for MAITA MANAGEMENT, INC. Also enclosed is the check amounting to \$150.00 as fee payment. We hope you will consider the amount since we have not received the First Notice which we should have received before May. We have just received your notice yesterday, July 11, 2000.

Thank you.

Very truly yours,


GRACE SHIH
President