

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006274

1. Entity Name

MAGGIE ENTERPRISES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90183 004 ***150.00

Principal Place of Business

Mailing Address

401-80 ST.
1
MIAMI BEACH FL 33141
US

P.O. BOX 416704
MIAMI BEACH FL 33141-8704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0462377

Applied For

Not Applicable

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

CALCERRADA, MARIA
420 LINCOLN ROAD
SUITE 330
MIAMI BEACH FL 33139

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

Maria B. Calcerrada

2-13-2000

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CALCERRADA, MARIA B
STREET ADDRESS 525 N.W. 27TH AVE. #200
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE PRESIDENT
NAME MARIA B. CALCERRADA
STREET ADDRESS 401-80 St. #1
CITY-ST-ZIP MIAMI BEACH-FL 33141

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Maria B. Calcerrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-2000 305-867-8811

Date

Daytime Phone #

CR2E034 (9/99)