200	UNIFORM BUSI	NESS REPOR	IT (UBR	<u>)                                    </u>
DOCUMENT # P95000023134  1. Entity Name				FILED
yr Emily Hams	GA MAIB & SONS,	INC.		02 FEB 22 PM 3: 53
Principal Place	of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
SUITE	UNIVERSITY DR. 502 SPRINGS, FL 3307			R
	ace of Business  VUNIVERSITY DR	3. Mailing Address 3000 N UNIVER	SITY DR	2002 LIPP
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		2002 WRITEN TISBER
SUITE City & State	<u>E</u>	SUITE E City & State		4. FEI Number Applied For
	SPRINGS FL	CORAL SPRING	S FL Country	65-0573716   Not Applicabl
Zip 33071	Country	33065	USA	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current		Name	7. Name and Address of New Registered Agent
MAIB,	GEORGE			MAIB GEORGE dress (P.O. Box Number is Not Acceptable)
210 N UNIVERSITY DR SUITE 502 CORAL SPRINGS, FL 33071				O N UNIVERSITY DR SUITE E RAL SPRINGS FL Zip Code 33065
			egistered office or	registered agent, or both, in the State of Florida.
9. This corpo	Signature gload or printed name of registered agent ration is eligible to satisfy its Intangible equirement and elects to do so.	Junggar agag after after the transmission of the section in	FEE IS \$150.0	TA AA SEE SEE SEE SEE SEE SEE SEE SEE SEE
	ia on back)	Make Check Payable		of State
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition
TITLE PD	MAIB GEORGE 210 N UNIVERSITY	☐ Delete	NAME P STREET AODRESS	MAIB GEORGE
STREET ADORESS CITY-ST-ZIP	CORAL SPRINGS FI		CITY-ST-ZIP	3000 N UNIVERSITY DR SUITE E CORAL SPRINGS, FL 33065
TITLE NAME		☐ Delete	NAME VP	☐ Change ☐ Change ☐ Change
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	3000 N UNIVERSITY DR SUITE E CORAL SPRINGS, FL 33065
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi  6000050641566  -03/07/0201049006  ****150.00 ****150.00
TITLE MAINE STREET ADDRESS OHY-ST-ZIP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE PLAME STREET ADDRESS CITY-ST-ZIP		☐ Delste	TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Gelate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi
13. I hereby indicated	certify that the information supplied with donthis report or supplemental report rporation or the receiver or trustee emit, or on an attachment with an address	nowered to execute this report	the exemption sta ny signature shall t as required by Ch	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information lave the same legal effect as if made under oath; that I am an officer or direct apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12