

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 035 ***150.00

00339995 AV

DOCUMENT # P95000023134

1. Entity Name

GA MAIB & SONS, INC.



Principal Place of Business

**3000 N. UNIVERSITY DRIVE
SUITE E
CORAL SPRINGS FL 33071**

Mailing Address

**3000 N. UNIVERSITY DRIVE
SUITE E
CORAL SPRINGS FL 33071**

2. Principal Place of Business

2484 NE 16th CT.

3. Mailing Address

2484 NE 16 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. FEI Number

65-0573716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAIB, GEORGE

**3000 N UNIVERSITY DR. SUITE "E"
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

George Maib-

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

2484 NE 16 CT

City

Jensen Beach

FL

Zip Code

34957

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 | P | <input type="checkbox"/> Delete |
| NAME | MAIB, GEORGE | |
| STREET ADDRESS | 3000 N. UNIVERSITY DRIVE, SUITE E | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MAIB, B. JACK | |
| STREET ADDRESS | 3000 N. UNIVERSITY DRIVE, SUITE E | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2484 NE 16th CT | |
| CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2484 NE 16th CT | |
| CITY-ST-ZIP | Jensen Beach, FL 34957 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

954-772-9009

Date

Daytime Phone #

CR2E034 (4/03)

A Hachment#

80134666

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/28/03

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: GA Maib & Sons, Inc.
Doc # P95000023134

To Whom It May Concern:

We are enclosing a copy of the application for corporate reinstatement for our client, GA Maib & Sons, Inc.

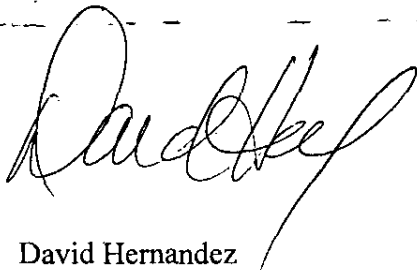
We are providing a check for the filing and have not included the penalty due to the taxpayer having moved and the forwarding from the postal service had not been forwarded. The second notice was then forwarded by the postal service.

Therefore we are requesting reinstatement on behalf of GA Maib & Sons, Inc. based on change of address and not having received the 2003 UBR form the Department of State.

We have also advised the client the form must be filed before April 30 of each year and to file promptly in future years.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez