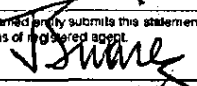


FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90122 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000042704			
1. Entity Name MAY HOLDINGS, INC.			
Principal Place of Business 5201 NW 77TH AVENUE 300 MIAMI, FL 33166		Mailing Address 5201 NW 77TH AVENUE 300 MIAMI, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. BOX 144120	
City & State		CORAL GABLES, FL	
Zip	Country	Zip	Country
		33114	MIAMI-DADE
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUAREZ, JAIME 5201 NW 77TH AVENUE 300 MIAMI, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) 4418 S.W. 13 TERRACE City MIAMI FL 33134	
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, the above agent.			
SIGNATURE 		DATE 03/14/03	
FEE: NEWMI - FEE: \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD SUAREZ, JAIME 5201 NW 77TH AVENUE, 300 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 of a 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: 		DATE 3/14/03 305-972-4205	

90070161



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0585158** Applied For
Not Applicable

Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2004 (10/02)