

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012250

1. Entity Name

MAUBER INCORPORATED

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90056 036 \*\*\*150.00

Principal Place of Business

3455 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140

Mailing Address

3455 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140-3939

2. Principal Place of Business

4545 Meridian Ave

Suite, Apt. #, etc.

3. Mailing Address

4545 Meridian Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0682069

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERIRO, SARAH N  
3455 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name Sarah Beriro Lacharlotte

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

4545 Meridian Ave

City

Miami

FL

Zip Code

33140

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

*[Signature]* Sarah Beriro Lacharlotte, Secretary 3/23/00

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

TITLE SEC  
NAME BERIRO, SARAH  
STREET ADDRESS 3455 ROYAL PALM AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D  
NAME BERIRO, MAURICE  
STREET ADDRESS 3455 ROYAL PALM AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sec  
NAME Beriro Lacharlotte Sarah ☒ Change ☐ Addition  
STREET ADDRESS 4545 Meridian Ave  
CITY-ST-ZIP Miami FL 33140

TITLE D  
NAME Beriro, Maurice ☒ Change ☐ Addition  
STREET ADDRESS 4545 Meridian Ave  
CITY-ST-ZIP Miami FL 33140

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Sarah Beriro Lacharlotte

3/23/00

Date

(305) 674 7485

Daytime Phone #

CR2E034 (9/99)