

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017937

1. Entity Name

MAHARLIKA INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 047 ***550.00

Principal Place of Business

14431 S BISCAYNE RIVER DRIVE
MIAMI FL 33161

Mailing Address

14431 S BISCAYNE RIVER DRIVE
MIAMI FL 33161

2. Principal Place of Business

18263 NE 4TH CT

3. Mailing Address

18263 NE 4TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

74-2780956

Applied For

Not Applicable

Zip

33162

Country

U.S.A.

Zip

33162

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARANETA, LUIS

14431 S BISCAYNE RIVER DRIVE
MIAMI FL 33161

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ARANETA, LUIS	
STREET ADDRESS	14431 S BISCAYNE RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALBANDO, ISALAS	
STREET ADDRESS	14481 S BISCAYNE RIVER DR	
CITY-ST-ZIP	MIAMI FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANETA LUIS	
STREET ADDRESS	18263 NE 4TH CT	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANDO ISAIAS	
STREET ADDRESS	18263 NE 4TH CT	
CITY-ST-ZIP	MIAMI FL 33162	
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		

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 any other like information.

SIGNATURE:

LOUIS ANTONIO ARANETA

7-31-00

Date

305 650-9400
CELL 305 796-4635

Daytime Phone #

CR2E034 (5/00)