

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90055 048 ***150.00

DOCUMENT # P97000016550

1. Entity Name
MAYA EXPRESS SERVICES INC.

Principal Place of Business Mailing Address
4152 PALM BEACH BLVD. 4152 PALM BEACH BLVD.
FORT-MYERS FL 33916 FORT-MYERS FL 33916

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0748029**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDANA, C. L
4152 PALM BEACH BLVD.
FORT MYERS FL 33916

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDANA, C L**
 CITY-ST-ZIP **618 SE 10TH AVENUE**
CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Aldana, C L**
 CITY-ST-ZIP **10466 Curry Palm Lane**
Fort Myers FL 33912

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDANA, LUIS**
 CITY-ST-ZIP **602 SE 16TH ST**
CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDANA, DENNIS**
 CITY-ST-ZIP **609 SE 19TH LANE**
FORT MYERS FL 33907

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDANA, MAGALY**
 CITY-ST-ZIP **618 SE 10TH AVENUE**
CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Aldana, Magaly**
 CITY-ST-ZIP **10466 Curry Palm Lane**
Fort Myers, FL 33912

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SPRANDEL, INGRID**
 CITY-ST-ZIP **622 SE 10TH AVENUE**
CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

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

1/18/02 9416948005
 Date Daytime Phone #

CR2E034 (9/01)