2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024058 I. Entity Name MAIGAL CORPORATION **							May 22, 2000 8:00 am Secretary of State			
	···					_	05-02-2000 901	47 017 ***	150.00	
Principal Place of Business Mailing Address										
21 E 9 STREET 221 E 9 STREET HALEAH FL 33010 HALEAH FL 33010-4213										
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Principal Place of Business 3. Mailing Address						\dashv				
Suite, Apt. #	₹, etc.		Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS:	SPACE		
City & State		City & State	& State			El Number	[Apr	olied For		
						4. FEI Number 65-0921387 Applied For Not Applicable \$8.75 Additional				
Zip Country		Country	Zip . Coun				Certificate of Status Desired	Fee Required		
	6. Name	and Address of Current Re	egistered Agent		Name	7. N	lame and Address of New Registered	Agent		
CALVO, JUAN D					Street Addres	s (P.O. Bo	ox Number is Not Acceptable)			
221 E 9 STREET HIALEAH FL 33010										
() 10 422	2 W 1 1 2 0 0 0				City		FL	Zip Code	•	
8 The above	named entit	submits this statement for t	he ourpose of changing its	s register	ed office or regis	stered age	ent, or both, in the State of Florida.	<u> </u>		
b. The acove	married Ontic	y oddinia and diato nori, for t	no parposo or oriengo, g m	5 , 6 9 , 5, 5						
SIGNATURE.	Signature, typed	or printed name of registered agent and	thite if applicable (NO	TE: Registen	ed Agent signature req	uired when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable					will be \$550.0		Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11.		OFFICERS AND D		12.		AD	DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	PD Kahan, /	ALBERTO	☐ Delete	TITI NAM	1			[] Change	Addition 86	
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TITLE	HIALEAH SD		☐ Delete	TST				Change	Addition &	
NAME STREET ADDRESS	KAHAN, 1 221 E 9	FANNY BUKS		NAI STE	ME REET ADDRESS		•			
CITY-ST-ZIP		FL 33010	<u> </u>		Y-ST-ZIP					
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CITY-ST-ZIP					ry-st-zip					
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NAME			_ 5000	N/	ME					
STREET ADORESS City-St-Zip					REET ADDRESS TY-ST-ZIP					
13. I hereby indicate of the co-	certify that to don this rep progration or d, or on an a	he information supplied with ort or supplemental report is the receiver or trustee empo trachment with an address.	this filing does not qualify true and accurate and tha wered to execute this repo with all other like empowers	for the ex t my sign ort as rec	kemption stated nature shall have uired by Chapte	in Section the same r 607, Flor	n 119.07(3)(i), Florida Statutes. I further on e legal effect as if made under oath; that urida Statutes; and that my name appears	ertify that the I am an office in Block 11 o	information or director r Block 12 if	
SIGNA		3000 /1/2	in the said	SE	BiRecon	R	04-24-2000	garia	187784	
CICITA	· VIIL.	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFIC	EH OR DIRE	CTOR LA	44.	Date	Daylime Phone #		
	·			7.4			=			