

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90153 032 ***155.00

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DOCUMENT # P97000036292

1. Entity Name
MAI & ASSOCIATES, INC.



Principal Place of Business
**5915 CRYSTAL VIEW DRIVE
ORLANDO FL 32819
US**

Mailing Address
**5915 CRYSTAL VIEW DRIVE
ORLANDO FL 32819
US**



2. Principal Place of Business

3. Mailing Address

8010 FIRENZE BLVD
Suite, Apt. #, etc.

8010 FIRENZE BLVD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

32836

ORANGE

Zip

Country

32836

ORANGE

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

**NGUYEN, MARY R. MAI
5915 CRYSTAL VIEW DR.
ORLANDO FL 32819-4210**

Name: **MARY T. MAI NGUYEN**
Street Address (P.O. Box Number is Not Acceptable)
8010 FIRENZE BLVD
City: **ORLANDO** FL Zip Code: **32836**

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 registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **NGUYEN, MARY T. MAI**
STREET ADDRESS **5915 CRYSTAL VIEW DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **V** ☐ Delete
NAME **PHAN, HIEN T**
STREET ADDRESS **343 W. 25TH STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/03 (407) 873-5646
Date Daytime Phone #

CR2E034 (10/02)