

5/30

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-30-2001 90224 017 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **29000002 22335**

1. Entity Name

MAYALANDIA MARIMBA

Principal Place of Business

Mailing Address

8601 SHADY GLEN DR.
ORLANDO, FL. 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

59-3499483

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHERYL A. PURCELL
538 N. PARRAMORE AVE.
ORLANDO, FL. 32801

7. Name and Address of New Registered Agent

Name

Kevin D. Milapoe

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

32 N. Kirkman Rd

City

Orlando

FL

Zip Code

32811

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

6/18/01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	RAFAEL RIVERA	☐ Delete
NAME	PRESIDENT	
STREET ADDRESS	8601 SHADY GLEN DR.	
CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	JUDITH RIVERA	
STREET ADDRESS	8601 SHADY GLEN DR.	
CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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:

Rafael Rivera**RAFAEL RIVERA****5/25/01****(407) 345-0599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CF2034 (1/00)

Attachment
#P98000022335
[REDACTED]

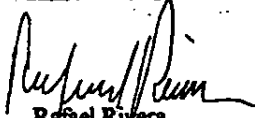
May 25, 2001

8165

Dear Sirs:

Enclosed you will find my Corporation fee with a form that I was able to get, attached. I did never get the original form from your office. I hope the information you need, is there. Please let me know if there is anything else you might need to know.

Thank you,


Rafael Rivera
MAYALANDIA MARIMBA
President