2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000044151 DOCUMENT.#

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1. Entity Name MAYFAIR FINANCIAL GROUP, INC.								02-14-2003 90236 009 ***150.00				
145 ALMERIA AVE. 440 R			440 RC	ng Address ROVINO AVE AL GABLES FL 33156								
2. Principal Place of Business 3. Maili			ing Address				T (MATINDE) 179 SOCIAL IONIN OOMS OORNI AONS ORSIN BIRST ONADA 11082 OSIAN (1797 JOHN					
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FI	4. FEI Number 65-0844780			Applied For Not Applicable		
Zip	Zip Country Zi			Country				5. Certificate of Status Desired				
	6. Name	and Address of Current	Registered	Agent			7. N	ame and Address of New	Registered Ag	jent		
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Donsky, maurice 145 Almeria ave.				ļ- 1	Street Address (P.O. Box Number is Not Acceptable)							
CORAL GABLES FL 33134												
COINE CABLES I E COIO				City				FL Zip Code				
8. The above the obligation	named entit	y submits this statement for tered agent.	r the purpo	se of changing its	registere	d office or reg	istered age	ent, or both, in the State of F	Florida. I am fa	miliar with, a	and accept	
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SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOTE	: Registered	Agent signature re	quired when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					·		į	9. Election Campaign I Trust Fund Contribut			May Be to Fees	
10.		OFFICERS AND		RS	11.		AD	DITIONS/CHANGES TO O	FFICERS AND	DIRECTORS	IN 11	
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NAME		MAURICE	•		NAME							
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CITY-ST-ZIP	CORAL G	ABLES FL 33134				-ST-ZIP				Change	Addition	
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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 allother like empowered.

SIGNATURE:

RMADRICEREDONSKI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2003 8:00 am Secretary of State

FILED