

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000054267**

1. Entity Name

MAYA TELECOM, INC.

Principal Place of Business
**498 PALM SPRINGS DRIVE
 100
 ALTAMONTE SPRINGS FL 32701
 US**

Mailing Address
**498 PALM SPRINGS DRIVE
 100
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business
255 PRIMERA BLVD.
 Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
255 PRIMERA BLVD.
 Suite, Apt. #, etc.
SUITE 100

City & State
LAKE MARY FL

Zip
33746

Country
SEMINOLE

City & State
LAKE MARY FL

Zip
33746

Country
SEMINOLE

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90053 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3525923	Applied For <input type="checkbox"/>
	Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, REYNALDO
 5393 SHORELINE CIRCLE
 SANFORD FL 32771**

Name
DiMARIO, ILEANA

Street Address (P.O. Box Number is Not Acceptable)
1550 DIXON ROAD

City
LONGWOOD Zip Code
FL 33779

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 Illeana DiMario DATE 2/27/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, REYNALDO 5393 SHORELINE CIRCLE SANFORD FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, REYNALDO 180 IBIS ROAD LONGWOOD, FL 33779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARIO, ILEANA 104 ORANGE BLOSSOM CIRCLE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILEANA, DiMARIO 1550 DIXON ROAD LONGWOOD, FL 33779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Illeana DiMario Date 2/27/02 Daytime Phone # 407-804-5577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)