FILED
Aug 11, 2002 8:00 am
Secretary of State
05-28-2002 91755 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067612

Entity Name: MAYO CARPENTRY, INC.

Principal Place of Business / Mailing Address:
3060 S. DECATUR BLVD Apt D-8
LAS VEGAS, NV 89102-7103

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5100 OBANNON DR	5100 OBANNON DR
Suite, Apt. #, etc. 37	Suite, Apt. #, etc. 37
City & State: LAS VEGAS NV	City & State: LAS VEGAS NV
Zip 89102 Country CLARK	Zip 89102 Country CLARK

4. FEI Number: 65-0905818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent:
CARLOS MAYO
3060 S. DECATUR Blvd Apt D-8
LAS VEGAS, NV 89102-7103

7. Name and Address of New Registered Agent:
Name: CARLOS MAYO
Street Address (P.O. Box Number is Not Acceptable): 11260 SW 40 TERR
City: MIAMI FL Zip Code 33165

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: C. Mayo PRES/DIR — 6/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	PRES/DIR CARLOS MAYO 3060 S. DECATUR Blvd Apt D-8 LAS VEGAS, NV 89102-7103	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☒ Change ☐ Addition	PRES/DIR CARLOS MAYO 11260 SW 40TH TERR MIAMI FL 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	D CARLOS MAYO 3060 S. DECATUR Blvd Apt D-8 LAS VEGAS, NV 89102-7103	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☒ Change ☐ Addition	D CARLOS JAVIER MAYO 11790 SW 18 ST APT 308 MIAMI FLA 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED C. Mayo 4/29/02 305-263-4502
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)