

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-28-2001 90057 025 ***150.00

DOCUMENT # P99000020822

1. Entity Name
MARIA INVESTMENTS, INC.

Principal Place of Business

7241 DADELAND BLVD.
 SUITE 3100
 MIAMI FL 33156

Mailing Address

7241 DADELAND BLVD.
 SUITE 3100
 MIAMI FL 33156

30829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11905 S. Dixie Hwy.
 Suite, Apt. #, etc.

3. Mailing Address
11905 S. Dixie Hwy.
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0917731**

Applied For
 Not Applicable

Zip **33156**

Country

Zip **33156**

Country

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

6. Name and Address of Current Registered Agent

SAID, AZHAR
7241 DADELAND BLVD.
SUITE 3100
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *A. Said*

Signature, typed or printed name of registered agent and fee 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAID, AZHAR 7241 DADELAND BLVD. SUITE 3100 MIAMI FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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: *A. Said*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01
 Date

Daytime Phone #