Applied For

FILED Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90009 022 ***150.00

.2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000020822 DOCUMENT #

1. Entity Name



MARIA INVESTMENTS, INC. Principal Place of Business Mailing Address 11905 S. DIXIE HWY. 11905 S. DIXIE HWY. MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0017731

| Zip | 1 0 | | | 00 00 11 10 1 | [[| Not Applicable |
|------------------------------------------------|--------------------------------------------------------------------------|------------------|------------------------------------------|---------------------------------------------------------|------------------------------|--------------------------------|
| Ζιρ | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 A Fee Requi | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registe | | |
| SAID, AZ 11905 S. MIAMI FL | DIXIE HWY | | Name Street Addres | ss (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL Zip Co | |
| SIGNATURE | 3 | | s registered office or regis | stered agent, or both, in the State of Florida. I | am familiar with | n, and accept |
| Afte Make Checi | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | _ * | | 9. Election Campaign Financing Trust Fund Contribution. | | 00 May Be ed to Fees |
| 10. | OFFICERS AND D | IRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAID, AZHAR 7241 DADELAND BLVD. SUITE 31 MIAMI FL 33156 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | CJ 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 |
| | | | | | | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Daytime Phone #