2001 UNIFORM BUSINESS REPORT (UBR)							PAGE 1ST2				
DOCU 1. Entity Nam	MENT # P990000218	11						<i>I</i> '			
MATURIŃ, INC.						FILED					
Principal Place of Business Mailing Address						01 MAY 22 PM 6:00					
	7 NW 20th Street mi, Fl. 33142					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
191	Place of Business 7 NW 20th Street		NW 20th Street								
Suite, Apt. Mia i	#i, Fl. 33142	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State Miami, Fl. 331				4. FEI Number 65-0901338			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Count	ry		5. Certificate of	of Status Desired		\$8.75 Add		
331	42 USA 6. Name and Address of Current Re	33142 gistered Agent	USA			7. Name and A	Address of New I		Fee Require Agent	u	
				Name							
SHADI JAAFAR 1927 NW 20th Street				Street Ad	dress (P.0). Box Number	is Not Acceptabl	e)	,		
MIar	mi, Fl. 33142		-	City					Zip Cod	P	
								FL	- 2,5 000		
SIGNATURE	named entity submits this statement for the stat			Agent signatur			, in the State of Fi	DATE			
	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!	I FEE I	IS \$150.0	0		tion Campaign Fi		\$5.0	0 May Be	
(See criter	and the second second	partment	· .	Trus	t Fund Contribution	on. L	J Addec	to Fees			
11.	OFFICERS AND DII		12.			ADDITIONS/C	HANGES TO OF		DIRECTOR:		
NAME STREET ADDRESS CITY-ST-ZIP	D JAAFAR, SHADI 1927 NW 20th Stree Miami, Fl. 33142			ET ADDRESS ST-ZIP			th Stree	et	<u>*⊱</u> g•∪nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete		T ADDRESS ST-ZIP	()C)-01	UBR	nz A	☐ 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 and the printed name of signing officer or director SIGNATURE: Dayline Phone #											

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pageror

Miami, April 25, 2001

DEPARTMENT OF STATE Corporation Renewal Dpt. Tallahassee, Fl.

REF: P99000021811
MATURIN INC.

TO WHOM IT MAY CONCERN:

This letter is regarding the renewal of my Corporation MATURIN, INC. (FEIN#65-0901338), for the past year 2000.

I honestly can tell you that last year I did not receive the renewal form by mail (could be because the address changed). Since it was the first year for my company to file this renewal, I was not aware of it.

Please excuse me of this oversight. This year I hired an Accountant and he was the one that explained to me this process.

I am enclosing a check for \$300.00 paying the renewal for the years 2000 and 2001.

I thank you in advance for your attention intthis matter.

Sincerely,

Shadgaga

SHADI JAAFAR
President
1917 NW 20th Street
Miami, Fl. 33142

Admin DB

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