

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90409 011 \*\*\*150.00

DOCUMENT # ~~65-0909133~~

1. Entity Name

P99000022845

MAP PROPERTIES INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12020 SW 96 ST

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 83-5188

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33283

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT SWETT

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

12020 SW 96 ST

City

MIAMI

**FL**

Zip Code

33186

**DO NOT WRITE  
IN THIS SPACE**

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

Robert E. Swett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE PRESIDENT  
NAME ROBERT SWETT  
STREET ADDRESS 12020 SW 96 ST  
CITY-ST-ZIP MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT  
NAME MIKE MANASH  
STREET ADDRESS 11220 SW 108 CT  
CITY-ST-ZIP MIAMI FL 33176

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

Robert E. Swett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date (305) 431-8906 Daytime Phone #

CR2E034B (12/01)