

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90094 001 ***150.00
 05-03-2002 90094 002 *****8.75



DO NOT WRITE IN THIS SPACE

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| DOCUMENT # P99000023391 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name MAYAN BUILDING TECHNOLOGY, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 19446 SW 5TH ST PEMBROKE PINES FL 33029 US | | Mailing Address P.O. BOX 823455 SOUTH FLORIDA FL 33082 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1789 SW 82nd Ave. | | 3. Mailing Address 18459 Pines Blvd. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. # 141 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State MIRAMON FL. | | City & State Pembroke Pines, FL. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33029 | Country USA | Zip 33029 | Country USA | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent VERNON, EMILIO 19446 SW 5TH STREET PEMBROKE PINES FL 33029 | | 4. FEI Number 65-0904978 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table> | | Applied For | Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| Applied For | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>City</td> <td>Zip Code</td> </tr> </table> | | Name | | Street Address (P.O. Box Number is Not Acceptable) | | | | City | Zip Code | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | 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 _____ (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. <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VERNON, EMILIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19446 SW 5TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBROKE PINES FL 33029</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | VERNON, EMILIO | | STREET ADDRESS | 19446 SW 5TH STREET | | CITY - ST - ZIP | PEMBROKE PINES FL 33029 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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| 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, as empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: | | Date 3/13/02 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E034 (9/01)