

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000025191**

1. Entity Name
MAIP, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90194 009 ***150.00

Principal Place of Business
3120 SOUTHWEST 115TH AVENUE
MIAMI FL 33169

Mailing Address
3120 SOUTHWEST 115TH AVENUE
MIAMI FL 33169

2. Principal Place of Business
1826 Fairhaven Pl
Suite, Apt. #, etc.

3. Mailing Address
1826 Fairhaven Pl
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0904152**

Applied For
☐ Not Applicable

Zip **33133** Country **Dade**

Zip **33133** Country **Dade**

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

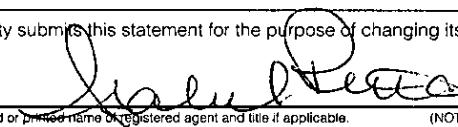
6. Name and Address of Current Registered Agent

PENA, ISABEL
3120 SOUTHWEST 115TH AVENUE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name **Peña, Isabel**
Street Address (P.O. Box Number is Not Acceptable) **1826 Fairhaven Pl**
City **Miami, FL** Zip Code **33133**

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 

DATE **3/14/02**

Signature, typed or printed name of registered agent and title 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, 2002 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

TITLE **D** ☐ Delete
NAME **PENA, ISABEL**
STREET ADDRESS **3120 SOUTHWEST 115TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Peña, Isabel**
STREET ADDRESS **1826 Fairhaven Pl**
CITY-ST-ZIP **Miami, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/14/02** (786) 512-0419

DATE DAYTIME PHONE #

CR2E034 (9/01)