

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90014 007 ***150.00

DOCUMENT # P99000035276

1. Entity Name
MR. MAYA CASH INC.

Principal Place of Business

1 NE 1ST ST., METRO MALL, SUITE #5
MIAMI FL 33132

Mailing Address

1 NE 1ST ST., METRO MALL, SUITE 300
MIAMI FL 33132

910393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
#5

City & State
MIAMI FL 33132

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 65-0913628

Applied For
Not Applicable

Zip
33132

Country
DACA

Zip

Country

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

6. Name and Address of Current Registered Agent

MAYA, JOSEPH
1 NE 1ST ST., METRO MALL, SUITE 300 #5
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

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

10 NE 1ST ST #5

City
MIAMI

FL

Zip Code
33132

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

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, 2001 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 PD
NAME MAYA, JOSEPH
STREET ADDRESS 1 NE 1ST ST., METRO MALL, SUITE 300 #5
CITY-ST-ZIP MIAMI FL 33132

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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 like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/01

Date

Daytime Phone #

CR2E034 (10/00)