

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074171

1. Entity Name

THE MAPLE INVESTMENT GROUP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90082 007 ***150.00

Principal Place of Business

888 BRICKELL KEY DR.
SUITE 1611
MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DR.
SUITE 1611
MIAMI FL 33131-2667

2. Principal Place of Business

5400 NW 39th AVE

3. Mailing Address

5400 NW 39th AVE

Suite, Apt. #, etc.

SUITE 133-263

Suite, Apt. #, etc.

SUITE, 33-263

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32-606

Country

U.S.A.

Zip

32-606

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMENTA, ENRIQUE
888 BRICKELL KEY DR.
SUITE 1611
MIAMI FL 33131

Name ARMENTA, ENRIQUE

Street Address (P.O. Box Number is Not Acceptable)
5400 NW 39th AVE

SUITE 33-263

City

GAINESVILLE,

FL

Zip Code

32-606

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ARMENTA, ENRIQUE	
STREET ADDRESS	888 BRICKELL KEY DR. SUITE 1611	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	RESTREPO, BEATRIZ A	
STREET ADDRESS	888 BRICKELL KEY DR. SUITE 1611	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Daytime Phone #

MARCH 11/00

CR2E034 (9/99)