

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91041 017 ***150.00

DOCUMENT # P99000076570

1. Entity Name
MODERN MAYA DESIGN CONCEPTS, INC.



Principal Place of Business
4640 W. FLAGLER ST.
MIAMI FL 33134

Mailing Address
4640 W. FLAGLER ST.
MIAMI FL 33134-1513

2. Principal Place of Business
2419 RED ROAD
Suite, Apt. #, etc.

3. Mailing Address
2419 RED ROAD
Suite, Apt. #, etc.

City & State
CORAL GABLES, FLA
Zip **33155** **Country** **US**

City & State
CORAL GABLES, FLA
Zip **33155** **Country** **US**

4. FEI Number **65-0951139**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

POHL, HOWARD A
2640 HOLLYWOOD BLVD.
SUITE 220
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALACSINA, NUBIA P	
STREET ADDRESS	2419 RED ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NELSON, DONALD K	
STREET ADDRESS	2419 RED ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALACSINA, NUBIA P	
STREET ADDRESS	2419 RED ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nubia Patricia Malacsina **4-4-03** **(305) 662 8561**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **Date** **Daytime Phone #**

CR2E034 (10/02)