2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

SAGNATURE AND TYPED OF PRINTED NAME

SIGNATURE:

Mar 13, 2002 8:00 am P99000092080 DOCUMENT # **Secretary of State** 1. Entity Name MAVIED CORP. 03-13-2002 90060 050 ***158.75 Principal Place of Business Mailing Address 425 NE 32ND ST 425 NE 32ND ST #6 #6 MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address NW 1225 <u>225</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State, 4. FEI Number 65-0957485 1 DM Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US, 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORJA BORJA, GREFORIO 425 NE 32ND ST #6 **MIAMI FL 33137** City MIAm 8. The above named entity sommits 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) 69 Change ☐ Addition TITLE ☐ Delete TITLE BORTA, GREGORIO BORJA, GREGORIO NAME NAME 1225 NW 199 ST CR2E034 425 NE 32ND ST #6 STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP MANNI, FL 33161 Change Addition ☐ Delete TITLE TITLE SOLPS. DATS. SOLIS, DAISY NAME NAME 1225 NN 19 425 NE 32ND ST #6 STREET ADDRESS STREET ADDRESS 33169 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 Delete ☐ Addition TITLE Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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