

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90041 020 ***150.00

DOCUMENT # P96000072059

1. Entity Name
MAA CORPORATION OF GALLOWAY

Principal Place of Business 1154 N GALLOWAY RD GALLOWAY FL 33809	Mailing Address 1154 N GALLOWAY RD GALLOWAY FL 33809
---	---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3397389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATEL, MANUBHAI
1154 N GALLOWAY RD
GALLOWAY FL 33809

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATEL, MANUBHAI 1154 N GALLOWAY GALLOWAY FL 33809	☐ Delete
--	---	---------------------------------

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

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

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

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

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

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

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MANU PATEL

01-21-02- 863-682-6179

Date

Daytime Phone #

CR2E034 (9/01)