

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90099 037 ***550.00

DOCUMENT # V30987

1. Entity Name
MAFA ENTERPRISE CORP.

Principal Place of Business
C/O PANGAO HARCOURT PAVIA HARCOURT
600 MADISON AVENUE
NEW YORK NY 10022

Mailing Address
C/O PANGAO HARCOURT PAVIA HARCOURT
600 MADISON AVENUE
NEW YORK NY 10022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Pavia & Harcourt LLP
 Suite, Apt. #, etc.
600 MADISON AVENUE
 City & State
NEW YORK

3. Mailing Address
c/o Pavia & Harcourt LLP
 Suite, Apt. #, etc.
600 MADISON AVENUE
 City & State
NEW YORK

4. FEI Number **65-0400357** Applied For
 Not Applicable

Zip Country Zip Country
NY 10022 U.S.A. 10022 U.S.A.

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

6. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	S PAVIA, GEORGE 600 MADISON AVE, 12TH FL NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANGIJ, NICOLA BEACON HOUSE, 15 CHRISTCHURCH RD BURNGROUTH DORSET, ENG. BH-13LB <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, DAVID JAMES BEACON HOUSE 15 CHRISTCHURCH RD BURNGROUTH, DORSET, ENG. BH-13LB <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fanelli, Nicola Bournemouth
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bournemouth
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE REDONISTIA BULL Date: 09/16/02 Daytime Phone #: 0144222 551 666

CR2E034 (4/02)