


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V30987 1. Entity Name MAFA ENTERPRISE CORP.				
Principal Place of Business C/O PAVIA & HARCOURT LLP 600 MADISON AVENUE NEW YORK, NY 10022		Mailing Address C/O PAVIA & HARCOURT LLP 600 MADISON AVENUE NEW YORK, NY 10022		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES				
4. FEI Number 65-0400357		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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		
B. 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's signature required when replacing) _____ DATE _____ <small>Signature, title or printed name of registered agent and title if applicable</small>				
FILE NOW!!! FEE IS \$160.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S NAME PAVIA, GEORGE <input type="checkbox"/> Delete	STREET ADDRESS 600 MADISON AVE, 12TH FL CITY-ST-ZIP NEW YORK, NY 10022	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME FANELLI, NICOLA <input type="checkbox"/> Delete	STREET ADDRESS BEACON HOUSE, 15 CHRISTCHURCH RD CITY-ST-ZIP BOURNEMOUTH, DORSET, ENG, BH-13B	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME BULL, DAVID JAMES <input type="checkbox"/> Delete	STREET ADDRESS BEACON HOUSE 15 CHRISTCHURCH RD CITY-ST-ZIP BOURNEMOUTH, DORSET, ENG, BH-13B	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 807, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6/13/03	Daytime Phone # (212) 980-3500	

CR2E034 (10/02)