

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L99000000303**

1. Entity Name

SERVICE MAX A RETAIL TEAM, L.L.C.

00 JUL 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1311 NEWPORT CENTER DRIVE WEST, SUITE B
DEERFIELD BEACH FL 33442

Mailing Address

1311 NEWPORT CENTER DRIVE WEST, SUITE B
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

223632796

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIMES, RAY

1311 NEWPORT CENTER DRIVE WEST, SUITE B
DEERFIELD BEACH FL 33442

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS HIRSCHMANN, HOWARD
CITY-ST-ZIP 14 RIDGE DRIVE EAST
GREAT NECK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9000003342529--0
CITY-ST-ZIP -08/01/00--01080--007
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Howard Hirschmann **SIGNATURE REQUIRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/10/00
Date

516 4870400
Daytime Phone #

CR2E083 (5/00)