

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90393 043 \*\*\*150.00

**DOCUMENT # 650907**

1. Entity Name  
**MAKS SHOPPES, INC.**

Principal Place of Business  
**249 W. HWY. 436, SUITE 1109  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**249 W. HWY. 436, SUITE 1109  
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1067 EDENS GATE CT.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Zip

City & State  
**LONGWOOD FL.**  
 Zip  
**32750**

4. FEI Number **59-1975215**  
 Applied For  
 Not Applicable

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**

**MAKSIMOVICH, JORGO**  
**94 WISTERIA DR.**  
**LONGWOOD FL 32779**  
**1067 EDENS GATE CT.**  
**LONGWOOD FL.**  
**32750**

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 \_\_\_\_\_ (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, 2001 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		
TITLE	<input type="checkbox"/> Delete	
NAME	<b>P</b>	
STREET ADDRESS	<b>MAKSIMOVICH, JORGO</b>	
CITY-ST-ZIP	<b>94 WISTERIA DR 1067 EDENS GATE CT.</b>	
	<b>LONGWOOD FL LONGWOOD FL. 32750</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>V</b>	
STREET ADDRESS	<b>MAKSIMOVICH, SVETLANA</b>	
CITY-ST-ZIP	<b>94 WISTERIA DR. 1067 EDENS GATE CT.</b>	
	<b>LONGWOOD FL LONGWOOD FL. 32750</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorgo Maksimovich  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01  
 Date

Daytime Phone #

CR2E034 (10/00)