SIGNATURE:

## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F9900001191 1. Entity Name MAX OUTLET 04-23-2001 90128 015 \*\*\*150.00 Principal Place of Business Mailing Address 1200 WISCONSIN AVE. N.W. 1200 WISCONSIN AVE. N.W. WASHINGTON DC 20007 WASHINGTON DC 20007 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0872555 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE TALLAHASSEE FL 32301 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition □ Delete TITLE TITLE KARABASSIS, IRAKLIS NAME NAME 3236 PROSPECT STREET NORTHWEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-ST-ZIP Change D ☐ Addition ☐ Delete TITLE KARABASSIS, CHRISTOS NAME NAME 3236 PROSPECT STREET NORTHWEST STREET ADORESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE . TITLE Delete , NAME \_\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 w

NING OFFICER OR DIRECTOR

Daytime Phone (