

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90113 043 ***150.00

DOCUMENT # F99000001191

1. Entity Name
MAX OUTLET

Principal Place of Business
2801 W SUNRISE BLVD.
511
SUNRISE FL 33323

Mailing Address
1200 WISCONSIN AVE. N.W.
WASHINGTON DC 20007

2. Principal Place of Business

3. Mailing Address

3236 PROSPECT ST NW
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WASHINGTON DC

4. FEI Number
65-0872555

Applied For
 Not Applicable

Zip Country

Zip Country

20007

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

NATIONAL REGISTERED AGENTS, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	KARABASSIS, IRAKLIS	3236 PROSPECT STREET NORTHWEST WASHINGTON DC 20007				
	VD	KARABASSIS, CHRISTOS	3236 PROSPECT STREET NORTHWEST WASHINGTON DC 20007				
	SD	KARABASSIS, YASMINE	3236 PROSPECT STREET NW WASHINGTON DC 20007				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRAKLIS KARABASSIS

Date

Daytime Phone #

CR2E034 (9/01)