

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/17/2003-90011-022-\$50.00-\$50.00

DOCUMENT # L02000025453

1. Entity Name

MAXREZ PRODUCTIONS, LLC



FILED

03 SEP 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH

Principal Place of Business
3229 EL CAMINO REAL
WEST PALM BEACH FL 33409

Mailing Address
3229 EL CAMINO REAL
WEST PALM BEACH FL 33409

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



9/29 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
06-1670244

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GILBERT, STEVEN J
3229 EL CAMINO REAL
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, STEVEN J 3229 EL CAMINO REAL WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/03

Date

561 640 3769

Daytime Phone #

CR2E083 (4/03)