

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 27, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # N97000002386****1. Entity Name**

MAXIMUM DANCE COMPANY

**Principal Place of Business****Mailing Address**9210 S.W. 158 LN.  
SECOND FLOOR  
MIAMI  
33157

FL

9210 S.W. 158 LN.  
SECOND FLOOR  
MIAMI  
33157

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0753940**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

PIKERIS YANIS

9210 S.W. 158 LN.

SECOND FLOOR

MIAMI

FL

33157

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.)

**05/27/2000**

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	S	<input type="checkbox"/> Delete
NAME	CHRISTIANSEN CAROL	
STREET ADDRESS	10125 SW 131 TER	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	STEINBERG M	
STREET ADDRESS	2907 SEMINOLE ST	
CITY-ST-ZIP	MIAMI FL 32133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	EDWARDS D	
STREET ADDRESS	2907 SEMINOLE ST	
CITY-ST-ZIP	MIAMI FL 32133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MENCIA MARIELENA	
STREET ADDRESS	14761 S.W. 84TH CT.	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER DAVID	
STREET ADDRESS	2020 INDIANA ST.	
CITY-ST-ZIP	VALLEJO CA 94590	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PIKERIS YANIS	
STREET ADDRESS	14761 S.W. 84TH CT.	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**