

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90207 023 \*\*\*150.00

**DOCUMENT # P00000018573**

1. Entity Name

**MAX CAPITAL HOLDINGS, INC.**

Principal Place of Business

**1401 S FEDERAL HIGHWAY SUITE 223  
 BOCA RATON FL 33432**

Mailing Address

**1401 S FEDERAL HIGHWAY SUITE 223  
 BOCA RATON FL 33432**

UNIFORM



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1400 EAST HILLSBORO BLVD.**

3. Mailing Address

**1400 EAST HILLSBORO BLVD.**

Suite, Apt. #, etc.

**200 E**

Suite, Apt. #, etc.

**200 E**

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH FL**

4. FEI Number

**650982867**

Applied For

Not Applicable

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

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

**MCBRIDE, JOHN R**

**1401 S FEDERAL HIGHWAY SUITE 223  
 BOCA RATON FL 33432**

Name

**JOHN R. MCBRIDE**

Street Address (P.O. Box Number is Not Acceptable)

**1400 EAST HILLSBORO BLVD. # 200 E.**

City

**DEERFIELD BEACH**

FL

Zip Code

**33441**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **MCBRIDE, JOHN R**  
 STREET ADDRESS **1401 S FEDERAL HIGHWAY SUITE 223**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **FUNG, JAY**  
 STREET ADDRESS **320 PLAZA REAL SUITE 605**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **JOHN R. MCBRIDE, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 25, 2001 (954) 418-9255**

Date Daytime Phone #

CR2E034 (10/00)