

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026893

1. Entity Name

MAXIME INTERNATIONAL, CORP.

Principal Place of Business

1120 W. FAIRWAY RD.
PEMBROKE PINES FL 33026

Mailing Address

1120 W. FAIRWAY RD.
PEMBROKE PINES FL 33026

2. Principal Place of Business

1591 N. Powerline Rd

Suite, Apt. #, etc.

Suite D

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

3. Mailing Address

1591 N. Powerline Rd

Suite, Apt. #, etc.

Suite D

City & State

Pompano Beach FL

Zip

33069

Country

Broward

6. Name and Address of Current Registered Agent

VAILLANCOURT, YVES
1120 W. FAIRWAY RD.
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name Yves Vaillancourt

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

1591 N. Powerline Rd

Suite D

City

Pompano Beach

FL

Zip Code

33069

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

Yves Vaillancourt President

03-12-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VAILLANCOURT, YVES	
STREET ADDRESS	1120 W. FAIRWAY RD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yves Vaillancourt	
STREET ADDRESS	1591 N. Powerline Rd Suite D	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-01

Date

954-972-3007

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90491 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)