

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000044968****1. Entity Name**
MINDMAZE, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90023 045 ***158.75

Principal Place of Business
500 SE 17TH ST. SUITE 101
FT LAUDERDALE FL 33316**Mailing Address**
500 SE 17TH ST. SUITE 101
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number**
65-1018848**Applied For**
☐ Not Applicable**Zip** **Country****Zip** **Country****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****FRIDLANDER, SHERRY**
500 SE 17TH ST, SUITE 101
FT LAUDERDALE FL 33316**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.****SIGNATURE** Sherry Friedlander Sherry Friedlander 01-02-01
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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------|-------------------------|---------------------------------|
| P | FRIEDLANDER, SHERRY | 500 SE 17TH ST | FT LAUDERDALE FL 33316 | |
| ST | COYNE, T CONSTANCE | 312 N ARGLE CT | SALT LAKE CITY UT 84116 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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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** Sherry Friedlander sherrybFriedlander 01-02-01 (954) 763-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)