

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90835 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000111699		
1. Entity Name BEAU MAX, INC.		
Principal Place of Business 940 NORTHWEST 96TH AVENUE PLANTATION, FL 33324		Mailing Address 940 NORTHWEST 96TH AVENUE PLANTATION, FL 33324
2. Principal Place of Business 11420 NW 31 Place Suite, Apt. #, etc.		3. Mailing Address 11420 NW 31 Place Suite, Apt. #, etc.
City & State Sunrise, FL		City & State Sunrise, FL
Zip 33323	Country US	Zip 33323
4. FEI Number 65-1156189		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Danielle Herman Street Address (P.O. Box Number (s) (o) Acceptable) 11420 NW 31 Place City Sunrise FL 33323
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 _____ (NOTE: Registered Agent's signature required when changing) Signature typed or printed name of registered agent and title (if applicable) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 607, 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.		
SIGNATURE: <u>Jacklyne B. Larkins</u> 2/17/03 9547411819		