

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000005832**

1. Entity Name
MUNDI MAX, INCORPORATED

Principal Place of Business Mailing Address
MUNDI MAX INCORPORATED
527 HOLIDAY DRIVE
HALLANDALE - FL 33009

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE **SAME AS ABOVE**

Suite, Apt. #, etc. City & State Zip Country

FILED
01 JUL 18 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

94-01

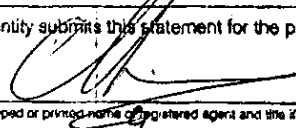
4. FBI Number **65-0384786** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ENRICO BAGDADI
527 HOLIDAY DRIVE
HALLANDALE - FL 33009

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  **ENRICO BAGDADI - PRESIDENT** **4/27/01**
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 MONTHLY
RENEWAL MAY 17, 2003

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	PD ENRICO BAGDADI	
CITY-ST-ZIP	527 HOLIDAY DRIVE	
	HALLANDALE - FL 33009	
TITLE	NAME	☐ Delete
STREET ADDRESS	STD ELIDA BAGDADI	
CITY-ST-ZIP	527 HOLIDAY DRIVE	
	HALLANDALE - FL 33009	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
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:  **ENRICO BAGDADI - PRESIDENT** **4/27/01**
Signature and typed or printed name of signing officer or director Date

CR2E03A (11/00)