

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90031 017 \*\*\*150.00

**DOCUMENT # P94000004002**

1. Entity Name  
**GIRO-MAX INC.**

Principal Place of Business <b>9100 S. DADELAND BLVD.                  #506                  MIAMI FL 33156</b>	Mailing Address <b>9100 S. DADELAND BLVD.                  #506                  MIAMI FL 33156-7815</b>
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DO NOT WRITE IN THIS SPACE

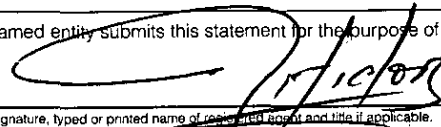
2. Principal Place of Business <b>9100 S DADELAND BLVD</b> Suite, Apt. #, etc. <b># 909</b> City & State <b>MIAMI FL 33156</b> Zip <b>33156</b>	3. Mailing Address <b>9100 S Dadeland Blvd</b> Suite, Apt. #, etc. <b># 909</b> City & State <b>MIAMI FL</b> Zip <b>33156</b>
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4. FEI Number <b>65-0464062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**FILIDOR, RENE MR**  
**9640 SW 148 PL**  
**#104**  
**MIAMI FL 33196**

7. Name and Address of New Registered Agent  
 Name **FILIDOR RENE, MR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11927 SW 102 TER.**  
 City **MIAMI** FL **33186**

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  (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, 2000 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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>PSTD</b>			<b>PSTD</b>		
<b>FILIDOR, RENE MR</b>			<b>FILIDOR, RENE, MR.</b>		
<b>9640 SW 148 PL</b>			<b>11927 SW 102 TER</b>		
<b>MIAMI FL 33196</b>			<b>MIAMI FL 33186</b>		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 line empowered.

SIGNATURE:  DATE **FEB-28-00** (305) 670-4404

CR2E034 (9/99)