

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90048 017 ***150.00

DOCUMENT # P95000039659
Entity Name
MOTORMAX CORPORATION, INC.

Principal Place of Business **Mailing Address**
GLADES RD **2255 GLADES RD**
236 W **SUITE 236 W**
BOCA RATON FL 33431 **BOCA RATON FL 33431-7391**

Principal Place of Business **3. Mailing Address**
2090 N.W. 29 Street **Motormax Corp.**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Oakland Park, FL **Plantation, FL**
Zip **Zip** **Country**
33311 **33324**

4. FEI Number **65-0581359** **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GOLDSTEIN, MARK B
2255 GLADES ROAD, SUITE 236W
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name
Goldstein, Mark B.
Street Address (P.O. Box Number is Not Acceptable)
2700 N. Military Trail, Suite 220
City **FL** **Zip Code**
Boca Raton, **33431**

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 Mark B. Goldstein 4/20/00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D Max Salminis 2255 Glades Road, Ste 236W Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Max Salminis 2090 N.W. 29 Street Oakland Park, FL 33311
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Max Salminis 4/22/00
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)