

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000054808**

1. Entity Name

MAXI-MARKETING, INC.

Principal Place of Business

**3632 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**

Mailing Address

**3632 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442-9405**

2. Principal Place of Business

19901 Stockholm DR

Suite, Apt. #, etc.

3. Mailing Address

19901 Stockholm DR

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, FL

Zip

33434

Country

USA

Zip

33434

Country

USA

4. FEI Number

65-0593871

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARSON, NOLA-ANN
3632 WEST HILLSBORO BLVD
DEERFIELD BCH FL 33442**

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

N. Pearson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/009. 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	P	☐ Delete
NAME	PEARSON, NOLA	
STREET ADDRESS	3632 W HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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NAME		
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:

N. Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

(561) 852-5951

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90009 049 ***150.00



DO NOT WRITE IN THIS SPACE