

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90117 013 \*\*\*150.00

**DOCUMENT # P96000061671**

1. Entity Name

**MINI MAX USA, INC.**

Principal Place of Business

**403 SUITE A. EAST HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009**

Mailing Address

**403 SUITE A. EAST HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009**

2. Principal Place of Business

**270 LAYNE BLVD**

3. Mailing Address

**PO Box 85252**

Suite, Apt. #, etc.

**# 310**

Suite, Apt. #, etc.

City & State

**HALLANDALE, FL**

City & State

**HALLANDALE, FL**

4. FEI Number

**65-0690049**

Applied For

Not Applicable

Zip

**33 009**

Country

Zip

**33 008**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STANCIC, SANJA  
 270 LAYNE BOULEVARD  
 APT 310  
 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

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 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANCIC, SANJA</b>	
STREET ADDRESS	<b>270 LAYNE BOULEVARD APT 310</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>STANCIC, NOVICA</b>	
STREET ADDRESS	<b>270 LAYNE BLVD APT 310</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>STANCIC, SRDJAN</b>	
STREET ADDRESS	<b>270 LAYNE BLVD APT 310</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Srdjan Stancic* **SRDJAN STANCIC**

**4-15-2000**

**(954) 454-5452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)