

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061671

1. Entity Name

MINI MAX USA, INC.

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

04-21-2000 90117 013 ***150.00

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

Suite, Apt. #, etc.

310

3. Mailing Address

PO Box 85252

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

Zip

33 009

Country

Zip

33 008

Country

4. FEI Number

65-0690049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000

Date

(954) 454-5452

Daytime Phone #

CR2E034 (9/99)