

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102177

1. Entity Name

MAXNEY, CORP.

Principal Place of Business

2435 NW 53RD ST.
BOCA RATON FL 33496

Mailing Address

2435 NW 53RD ST.
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

SEI
DIVISION

FILED
BY OF STATE
CORPORATIONS

00 OCT -6 PM 1:18



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0725183

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

LEOPOLD, NORMAN
20801 BISCAYNE BLVD.
AVENTURA FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 checked="" type="checkbox"/> Delete
NAME	ENGLANDER, RUTH A	
STREET ADDRESS	2 GROVE ISLE DRIVE APT 805	Address Change
CITY-ST-ZIP	COCONUT GROVE FL 33193	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Englander, Ruth A	
STREET ADDRESS	2435 NW 53rd Street	
CITY-ST-ZIP	Boca Raton FL 33496	
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.

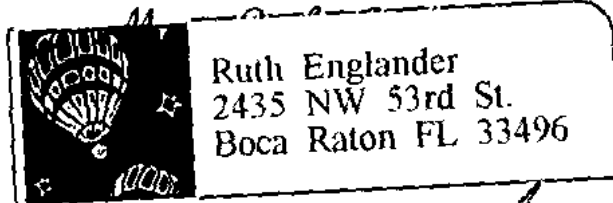
SIGNATURE:

RUTH ENGLANDER
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 15/001



September 29, 2000

Dear Sir or Madam,

I recently suffered a heart attack and was first hospitalized and then recuperated away from home for an extended period of time. I did not receive a first notice and only today saw the second notice (for the first time).

I immediately filled out the form and have enclosed a check for \$550⁰⁰ that was requested.

I am the only person affiliated with this corporation and therefore had no chance

To respond sooner.

This letter requests
that you please waive
any late penalties and
allow me to file this
without dissolving my
corporation -

I hope you will understand
my situation and accept my
apology for any inconvenience
that may have resulted from
my recent illness. If you
need any further documentation
of my heart attack and hospital-
ization please let me know
and I can get it for you
from my doctor.

Thank you -

Very truly yours,
Ruth Englander
President.