

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P96000102177**  
 1. Entity Name  
**MAXNEY, CORP.**

FILED  
 DIVISION OF STATE CORPORATIONS

00 OCT -6 PM 1:18

Principal Place of Business      Mailing Address  
**2435 NW 53RD ST.**      **2435 NW 53RD ST.**  
**BOCA RATON FL 33496**      **BOCA RATON FL 33496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0725183**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LEOPOLD, NORMAN**  
**20801 BISCAYNE BLVD.**  
**AVENTURA FL**

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 \_\_\_\_\_ (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**

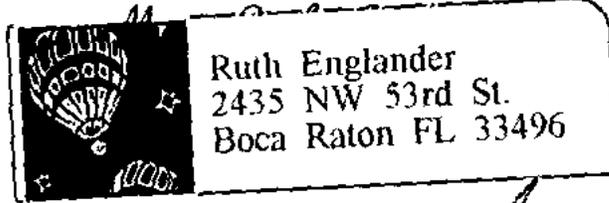
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ENGLANDER, RUTH A</b> <input checked="" type="checkbox"/> Delete <del>2 GROVE ISLE DRIVE APT 805</del> <i>Address Change</i> <b>COCONUT GROVE FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Englander, Ruth A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2435 NW 53rd Street</b> <b>Boca Raton FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003422451-8</b> <del>-10/12/00-01027-007</del> <b>*****550.00 *****550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/10</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: RUTH ENGLANDER *Ruth Englander*      Date: 9/30/00      Daytime Phone #: (301) 912-9340

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 \$550<sup>00</sup> that was requested.

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

To respond sooner.

This letter requests that you please waive any late penalties and allow me to file this without incurring 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 hospitalization please let me know and I can get it for you from my doctor.

Thank you -

Very truly yours,  
Ruth Englander  
President.