

2000 UNIFORM BUSINESS REPORT (UBR)

4/7/00 00007 031 015875 015875

DOCUMENT # P97000059898

1. Entity Name

MAX'S BAKERY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-07-2000 90087 031 ***158.75

Principal Place of Business

490 EAST PALMETTO PARK RD. STE. 110
BOCA RATON FL 33432

Mailing Address

490 EAST PALMETTO PARK RD. STE. 110
BOCA RATON FL 33432-5065

2. Principal Place of Business

1515 So Federal Hwy
Suite, Apt. #, etc. 211
City & State Boca Raton, FL
Zip 33432 Country US

3. Mailing Address

1515 So Federal Hwy
Suite, Apt. #, etc. 211
City & State Boca Raton FL
Zip 33432 Country US



DO NOT WRITE IN THIS SPACE

59-3462131

4. FEI Number APPLIED FOR
59-3462131

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAX, DENNIS
490 EAST PALMETTO PARK RD. STE. 110
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1515 So Federal Hwy Ste 211

City Boca Raton

FL

Zip Code 33432

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	P	<input type="checkbox"/> Delete
NAME	MAX, DENNIS F	
STREET ADDRESS	490 EAST PALMETTO PARK RD. STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	EV	<input type="checkbox"/> Delete
NAME	RAPPORT, BURT	
STREET ADDRESS	490 EAST PALMETTO PARK RD. STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33432	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 So Federal Hwy Suite 211
CITY-ST-ZIP	Boca Raton FL 33432
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1515 So Federal Hwy Suite 211
CITY-ST-ZIP	Boca Raton FL 33432
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-00 561392-0611

CR2E034 (9/99)