

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90001 002 ***150.00

DOCUMENT # P97000059898

1. Entity Name

MAX'S BAKERY, INC.

Principal Place of Business

Mailing Address

~~1515 S. FEDERAL HWY.~~
~~211~~
~~BOCA RATON FL 33432~~

~~1515 S. FEDERAL HWY.~~
~~211~~
~~BOCA RATON FL 33432~~

Principal Place of Business

Mailing Address

315 SE MIZNER BLVD

315 SE MIZNER BLVD

STE 208

STE 208

BOCA RATON, FL

BOCA RATON, FL

33432

US

33432

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3462131**

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

MAX, DENNIS

~~1515 S. FEDERAL HWY., STE 211~~
~~BOCA RATON FL 33432~~

MAX, DENNIS

315 SE MIZNER BLVD

STE 208

BOCA RATON

FL

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MAX, DENNIS F | |
| STREET ADDRESS | 1515 S. FEDERAL HWY., STE 211 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | EV | <input type="checkbox"/> Delete |
| NAME | RAPPOPORT, BURT | |
| STREET ADDRESS | 1515 S. FEDERAL HWY., STE 211 | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | MAX, DENNIS F | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAX, DENNIS F | |
| STREET ADDRESS | 315 SE MIZNER BLVD STE 208 | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | EV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAPPOPORT, BURT | |
| STREET ADDRESS | 315 SE MIZNER BLVD STE 208 | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: **Dennis Max**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01
 Date

Daytime Phone #

CR2E034 (10/00)