2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007571

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90003 021 ***150.00

1. Entity Name
MAX BITTERLI INC.

Principal Place of Business	Mailing Address
2919 E. COMMERCIAL BLVD..STE.A FT. LAUDERDALE FL 33308	2919 E. COMMERCIAL BLVD..STE.A FT. LAUDERDALE FL 33308-4207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2800 E. Commercial Blvd	2800 E. Commercial Blvd
Suite, Apt. #, etc. Ste 208	Suite, Apt. #, etc. Ste 208
City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip 33308 Country	Zip 33308 Country

4. FEI Number 65-0809291 ☐ 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
KATZ, ALLEN H PA 2919 E. COMMERCIAL BLVD.,STE.A FT. LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) 2800 E. Commercial Blvd Ste 208 Ft. Lauderdale FL Zip Code 33308

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~HERLI, MAYB~~ MAX Bitterli 1116 NE 15TH AVE FT LAUDERDALE FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAX BitterLi 5131 N.E. 18 Ave #6A Ft. Lauderdale, Fl ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Max Bitterli 1116 N.E. 15 Ave Ft. Lauderdale Fl 33304 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] 4-20-00 (954) 328-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #