

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90003 012 ***150.00

DOCUMENT #P98000007737

1. Entity Name

CARDMAX, INC.

(LR)

Principal Place of Business

Mailing Address

6574 N STATE RD. 7
 SUITE 297
 COCONUT CREEK, FL. 33073

SAME

A0081489

2. Principal Place of Business
 SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808599

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONALD ZENDEL
 6574 N STATE ROAD 7
 COCONUT CREEK, FL 33073

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 \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 RONALD ZENDEL
 6170 NW 77 U PLACE
 PACKLANE, FL 33067 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 JONATHAN BOXER
 9424 BOCA RIVER CIR.
 BOCA RATON, FL 33434 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment DOC# P98000007737
A081489



GM FINANCIAL GROUP, INC.

1191 E. NEWPORT CENTER DRIVE, PENTHOUSE B
DEERFIELD BEACH, FL 33442

TELEPHONE 954-428-8899
FAX 954-428-6699

August 8, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Cardmax, Inc.
P98000007737

To Whom It May Concern:

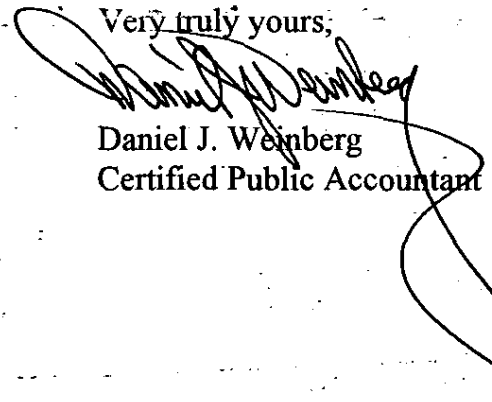
As the accountant for the above referenced Corporation, please be advised that they did not receive a 2001 Uniform Business Report.

We have prepared the enclosed 2001 Annual Report for this Corporation. Also enclosed is a check for the \$150.00 filing fee.

We respectfully request that you abate the late filing fee, as this Corporation has always filed this report in a timely manner.

Thank you for your attention in this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,



Daniel J. Weinberg
Certified Public Accountant

cc: Cardmax, Inc.

DJW/cl
:CorpAnnualReport.ltr:

Enclosure