

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041503

1. Entity Name

MAXIMUM AUTO CARE CENTER, INC.

R

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90014 027 ***150.00

Principal Place of Business

1840 N. STATE RD. 7
MARGATE FL 33063

Mailing Address

1840 N. STATE RD. 7
MARGATE FL 33063

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

65-0839470

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

PRZYSTAS, MICHELLE
SOUTHEAST BUSINESS SOLUTIONS, INC.
531 N.W. 132ND TERRACE
PLANTATION FL 33325

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PERSUAD, DEREK A
2271 NW 47 TERRACE #110
LAUDERHILL FL 33313 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
CHIN, DONOVAN
2852 N.W. 108TH AVE.
SUNRISE FL 33322 ☐ Delete

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

TITLE
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CITY - ST - ZIP
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

(954) 968-4600

Daytime Phone #

MAXIMUM AUTO CARE CENTER, INC.

1840 North State Road 7

Margate, Florida 33063

Phone: (954) 968-4600 Fax: (954) 423-1459

July 25, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Corporation Name: Maximum Auto Care Center, Inc.
Document Number: P98000041503

Upon the receipt of the Second Notice for Uniform Business Report this week we called the department and per their request I am placing the events in the form of a letter.

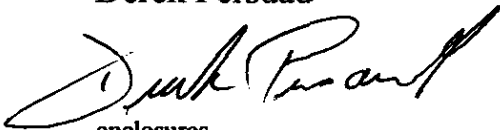
We never received the first notice for the annual report. We have had consistent mail delivery problems, due to the fact there are many units within the building.

Attached to this letter is a completed 2000 Uniform Business Report for our corporation along with a check in the amount of \$150.00 as you requested.

Should you have any questions, please feel free to contact me directly at (954) 968-4600.

Thank you,

Derek Persuad



enclosures