2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18796

Entity Name: Payday Max, Inc. R

Principal Place of Business: 2868 N. State Rd 7, Lauderdale Lakes, FL 33313

Mailing Address: 602 S SR7 33068

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

6/8/00 9002805 $150.00

4. FEI Number: 65-0877075 ☐ 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
~~Holland + Knight~~	Name: Interstate Registered Agent
~~Ron Albert~~	Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave. Ste. 3000
701 Brickell Ave Suite 3000 Miami FL 33131	City: MIAMI FL Zip Code: 33131

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 ________________________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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: CEO NAME: Whitehead, Jerry D. STREET ADDRESS / CITY-ST-ZIP: 602 S SR7, Margate FL. 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Se-T NAME: Polk, Adrian STREET ADDRESS / CITY-ST-ZIP: 602 S. SR7, Margate FL. 33068	☐ 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
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Filed ↓

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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] 4-28-00 954.969.8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #