## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P98000097898 May 10, 2000 8:00 am 1. Entity Name **Secretary of State** FISH MAX, INC. 05-10-2000 90109 015 \*\*\*158.75 Mailing Address Principal Place of Business 7235 CORAL WAY, SUITE 201 7235 CORAL WAY. SUITE 201 MIAMI FL 33155 MIAMI FL 33155-1451 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-088-5316 Zip Country \$8.75 Additional Zip Country 区 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIA WOLCIECHOSKI, CRISTIAN A Street Address (P.O. Box Number is Not Acceptable) 7235 CORAL WAY, SUITE 201 **MIAMI FL 33155** Zip Code 3 3 i 5 \$ 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. 4 25 2000 Worciechauski (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE ☐ Delete WOJCIECHOWSKI, CRISTIAN A NAME NAME Woyciechowski, 723'S CORAL Way, Ste 201 STREET ADDRESS STREET ADDRESS 7235 CORAL WAY, SUITE 201 ÆL. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change DVPT TITLE ☐ Delete TITLE Worciechowski, Christian WOJCIECHOWSKI, MARIA B NAME NAME 7235 CORAL WAY, Ste. 201 STREET ADDRESS STREET ADDRESS 7235 CORAL WAY, SUITE 201 miami, FC. 33155 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusper 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.

naeia 8. Wortchiechousk