

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90038 050 \*\*\*158.75

**DOCUMENT # P98000097898**

1. Entity Name  
**FISH MAX, INC.**

Principal Place of Business  
**7235 CORAL WAY, SUITE 201**  
**MIAMI FL 33155**

Mailing Address  
**7235 CORAL WAY, SUITE 201**  
**MIAMI FL 33155**

2. Principal Place of Business  
**15327 NW 60th Ave.**  
 Suite, Apt. #, etc.  
**Suite 240**

3. Mailing Address  
**15327 NW 60th Ave.**  
 Suite, Apt. #, etc.  
**Suite 240**

City & State  
**Miami Lakes, Florida**  
 Zip  
**33014** Country  
**USA**

City & State  
**Miami Lakes, Florida**  
 Zip  
**33014** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0885316**

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**

**WOJCIECHOWSKI, MARIA B**  
**7235 CORAL WAY, SUITE 201**  
**MIAMI FL 33155**

Name  
**MARIA B. Wojciechowski**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15327 NW 60th Ave., Ste. 240**  
 City  
**Miami Lakes** FL Zip Code  
**33014**

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 ☒ **MARIA B. Wojciechowski** **4/26/2001**  
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	<b>DPS</b> <b>WOJCIECHOWSKI, MARIA</b> <b>7235 CORAL WAY, SUITE 201</b> <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>WOJCIECHOWKI, CHRISTIAN B</b> <b>7235 CORAL WAY, SUITE 201</b> <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: ☒ **MARIA B. Wojciechowski** **(305)**  
**President** **4/26/2001** **364-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)