

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018154

Entity Name
MAX OPTICS USA, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90125 009 ***150.00

Principal Place of Business

1721 US HIGHWAY 19
67-69 3RD AVENUE
PORT RICHEY FL 34668

Mailing Address

11721 US HIGHWAY 19
67-69 3RD AVENUE
PORT RICHEY FL 34668-TUST

U0043932



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4311 HWY 1792

Suite, Apt. #, etc.

BUILDING 200 UNIT 7

City & State

ORLANDO FL 32773

Zip

Country

3. Mailing Address

1380 SPRINGHILL DR

Suite, Apt. #, etc.

SPRINGHILL FL

City & State

4. FEI Number

59-3563034

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RECORD, ANTHONY

11721 US HIGHWAY 19
67-69 3RD AVENUE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

ARON M. ARKON

Street Address (P.O. Box Number is Not Acceptable)

1380 SPRINGHILL DR.

City

SPRINGHILL FL

FL

Zip Code

34606

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, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RECORD, ANTHONY
11721 US HIGHWAY 19 67-69 3RD AVENUE
PORT RICHEY FL 34668
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
A. CEO / PRESIDENT
ARON M. ARKON
1380 SPRINGHILL DR
SPRINGHILL FL 34609
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4230 SOUTH MACDILL AVE
SUITE E
TAMPA FL 33611
☐ Change ☐ Addition

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

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

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

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 #

1-13-00

CR2E034 (9/99)