2000 UNIFORM BUS	SINESS REPOR	$\mathbf{FI}$	LED	
DOCUMENT # P99000030876  1. Entity Name			May 30, 2000 8:00 am Secretary of State	
MAID MAX, INC.			r .	ry 01 State 0085 049 ***150.00
Principal Place of Business	Mailing Address			
1985 CANTERBURY CIRCLE	1985 CANTERBURY CIRCLE			
WELLINGTON FL 33414	WELLINGTON FL 33414-6231		THE PARTY OF THE P	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE
10875 GRANDE BIV	City & State	ANDE BIW	A 85-111 1	Applied For
WEST PAIM BEACH	IF WEST PAIM I	BEACH, FL	4. FEI Number 65 - 090	¢0.75
Zip 33412 Country A  6. Name and Address of Curren		Country	Certificate of Status Desired     Name and Address of New Reg	Fee Required
Name FA			IBIO DURAN	,
COSOLA, RICHARD 1985 CANTERBURY CIRCLE		Street Address (	P.O. Box Number is Not Acceptable)	_
WELLINGTON FL 33414		108 75	6 PANDE	BLVD
		<b>West</b>	PAIM BEACH	FL   <sup>Zp</sup> 33412
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.  RICHARD (OSOIA Fauro Dray 4-18-00				
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.  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00			10. Election Campaign Finan	
(See criteria on back)	Make Check Payable t	o Department of Sta	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFIC	Added to Fees
11. OFFICERS AN TITLE D	D DIRECTORS  [X Delete	TITLE D		Change Addition
NAME COSOLA, RICHARD STREET ADDRESS 1985 CANTERBURY CIRCLE	,	STREET ADDRESS 100	RAN, FABIO 375 GRANDE I	3LVD
TITLE WELLINGTON FL 33414	T Delete	TITLE WE	ST PAIM BEACH,	FL, 35412
NAME STREET ADDRESS TO STEET ADDRESS	A BLVD.	NAME STREET ADDRESS		_ ,
CITY-ST-ZIP WEST PAYM B	BURCH, FL-33412	CITY-ST-ZIP		
-TITLE NAME	☐ Delete	NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP TITLE	☐ Delete	TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME Street address		NAME STREET ADDRESS		
CITY-ST-ZIP  13. I hereby certify that the information supplied w	ith this filing does not qualify for the	CITY-ST-ZIP exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	urther certify that the information
indicated on this report of supplemental report is tros and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter of Thoriga 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:  4-18-00 4-18-00 561-694-019				
SIGNATURE AND TYPED DE	PRINTED NAME OF SIGNING OFFICER OR D	RECTOR	Date	Daytime Phone #