## **2000 UNIFORM BUSINESS REPORT (UBR)**

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	2000 UNIFORM BUSINESS REPORT (UDIT)										
### STATE   AMENUBAR R. 30160 2841   AMENUBAR.	DOCUMENT # P9900034774  1. Entity Name										
Pincipal Place of Business  25 Ne 19 57, H1 ANENURA R. 2010 2011  26 Principal Place of Business  P. O. BOX 6 30817  Sute. Apt. 4 cc.  Coy 6 State  Coy 6 State  Coy 7 State  Country  20	MAX ATLANTIC, INC.					المسال ال					
2. Pencipal Place of Business P.O. Box 630817  Suite, Apr. 4, etc.  City & State  City & State  Div & State  Since Address of Country  33163  Country  33163  Country  33163  Country  33163  Country  33163  Country  35. Caefficiate of Sint-Desirec  \$8.75 A Address of Pourse Address of Country  8 Name  NAME BLACK FI. 33162  Div FL Zip Code  Street Address (PO. Box Number is Not Acceptable)  Service Address (PO. Box Number is Not Acc	Principal Place of Business Mailing Address										
2. Principal Place of Business	2875 NE 191 S	T, PH 1			l		SEUKEL	AIM:	OF STATE		
Sulfe, Apt. #, etc.    City & State	AVENTURA FL	33180	AVENTURA FL 33180-2841				TALLAFIA	Sbet	L. F LUKIUP	•	
Suffe, Apt. #, etc.    City & State											
City & State    City & State   Milamil. PL   65-0910980   A FEI Number   Name	· ·				]						
Zip   Country   33163   Country   5. Certificate of Status Desired   St	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent  KLEIN, THEODORE J 89 No 188 ST N MIAMI BEACH FL 33162  6. The above named entity submits this statement for the purpose of changing its registered dyern registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its interrigible Tax High grequimenent and elects to do so.  After MAY 1, 2000 Fee with 8 \$550.00  Afte	City & State		City & State   Miami. FL								
Steet Address of New Registered Agent   Name   Na	Zip	Country	1 ''	Country	· ·	<b>5.</b> Će	rtificate of Status Desired	X			
Stream Address (P.O. Box Number is Not Acceptable)  Stream Address (P.O. Box Number is Not Acceptable)  Stream Address (P.O. Box Number is Not Acceptable)  To the above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, ripod or privated rame of registered agent and refer to to do so.  SIGNATURE  Signature, ripod or privated rame of registered agent and refer to to do so.  SIGNATURE  Signature, ripod or privated rame of registered agent and refer to to do so.  SIGNATURE  SIGN		6. Name and Address of Current				7. Na	me and Address of New R	egistere	d Agent	<del></del>	
88 NE 168 ST N MIAMI BEACH FL 33162    City	121 E	N THEODORE I		Name							
B. 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, speed or preted name of registered agent and site if applicative.   (PIOTE Registered Agent Signature registered agent, or both, in the State of Florida.    Part		Street A	Street Address (P.O. Box Number is Not Acceptable)								
8. The above named onlity submits this statement for the purpose of changing his registared office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Task fling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT	N M	IAMI BEACH FL 33162									
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/12/01 (305) 935.