

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 044 ***150.00

DOCUMENT # P99000039900

1. Entity Name

TAMPA BAY MAX, INC.

DO NOT WRITE IN THIS SPACE

80058307

2. Principal Place of Business
6100 POWERLINE ROAD

3. Mailing Address
6100 POWERLINE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE, FLORIDA

City & State
FORT LAUDERDALE, FLORIDA

4. FEI Number
59-3573282

Applied For
Not Applicable

Zip
33309

Country
U.S.A.

Zip
33309

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
ANGELO, BARRY & BOLDT, P.A.

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

515 EAST LAS OLAS BOULEVARD, SUITE 850

City
FORT LAUDERDALE,

FL

Zip Code
33301

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IN THIS SPACE**

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)

3/4/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**Frank D'Annunzio
President
6100 Powerline Road
Fort Lauderdale, Florida 33309**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
Date

(954) 772-7100
Office Phone #

CR2E034B (12/01)