

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053993

1. Entity Name

MAX BUSINESS SOLUTIONS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90055 030 ***150.00

Principal Place of Business

Mailing Address

C/O NOEL ADAM DOLDE
1715 VILLAGE BLVD. #201
W. PALM BEACH FL 33409-2012

C/O NOEL ADAM DOLDE
1715 VILLAGE BLVD. #201
W. PALM BEACH FL 33409-2012

2. Principal Place of Business

3350 NW 2nd AVE

3. Mailing Address

3350 NW 2nd AVE

Suite, Apt. #, etc.

SUITE #A-44

Suite, Apt. #, etc.

SUITE #A-44

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

US

Zip

33431

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

650927292

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

DOLDE, NOEL ADAM
1715 VILLAGE BLVD. #201
W. PALM BEACH FL 33409-2012

Name

DOLDE, NOEL ADAM

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

1441 BRANDY WINE RD
600-P

City

WEST PALM BEACH FL

Zip Code

33409

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

4/23/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT/CEO
NOEL ADAM DOLDE
3350 NW 2nd AVE, #A-44
BOCA RATON FL 33431

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4/23/00 561-417-9573

Daytime Phone #

CR2E034 (9/99)