2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900060992

1. Entity Name

MAXY-BON INVESTMENT INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91415 023 ***150.00

				OB WE I					
Principal Place of Business 13701 CORAL WAY 5200 PINE TREE DRIVE MIAMI FL 33175 MIAMI BEACH FL 33160 US									
2. Principal Place of B	usiness	3. Mailing Addr	3. Mailing Address			(6080 8.8110 6 7811 	 	DILLE HAED HOEFE
Suite, Apt. #, etc.	·,	Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING (CHANGES	
City & State	st	City & State	City & State			FEI Number 65-0945280	Number 65-0945280 Applied F Not Applie		
Zip	Country	ountry Zip Co			9. Certificate of Status Desired Pe			8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
and the second second	. Name and the second s								
BONETTI, MASSIMO 5200 PINE TREE DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33160									
				City			FL	Zip Code	
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finar Trust Fund Contribution.	icing		0 May Be I to Fees
10.	OFFICERS AN	D DIRECTORS	11		ΑΓ	DDITIONS/CHANGES TO OFFICE	ERS AND C	IRECTORS	S IN 11
NAME BONET STREET ADDRESS: 5200 P	TI, MASSIMO NE TREE DRIVE BEACH FL 33160		Delete TIT NA ST	· LE ME REET ADDRESS IY-ST-ZIP	, , , ,	25/110/10/07/1/1/4/25 70 07/10/		_ Change	Addition
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2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE



4/9/03

305-554 007 Y

Davtime Phone #

CR2E034 (10/02)