

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091834

1. Entity Name

MAROMAX CONSULTING, INC.

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

03-22-2000 90054 024 ***150.00

Principal Place of Business

Mailing Address

175 WEST CAMINO REAL
BOCA RATON FL 33432

175 WEST CAMINO REAL
BOCA RATON FL 33432-5941

2. Principal Place of Business

5530 NW 61st

3. Mailing Address

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33073

Broward

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

PLATTER, WILLIAM L
175 WEST CAMINO REAL
BOCA RATON FL 33432

Name

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

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.

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.
(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
MATTHEW Brenner
5530 NW 61st Apt 302
Coconut Creek FL 33073

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President
ROBYN Brenner
5530 NW 61st Apt 302
Coconut Creek FL 33073

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:  **NOTARIZATION REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 561-416-8338
Date Daytime Phone #

CR2E034 (9/99)