

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90160 048 \*\*\*150.00

**DOCUMENT # P99000091834**

1. Entity Name  
**MAROMAX CONSULTING, INC.**

Principal Place of Business  
**5530 NW 61ST #302**  
**COCONUT CREEK FL 33073**

Mailing Address  
**175 WEST CAMINO REAL**  
**BOCA RATON FL 33432**

2. Principal Place of Business  
**9692 VINEYARD CT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9692 VINEYARD CT**  
 Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip  
**33428**

Country  
**Palm Beach**

Zip  
**33428**

Country  
**Palm Beach**

4. FEI Number **NOT APPLICABLE**  
**65-0955467**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**MARK WOLFSON**

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

**130.5 University Drive**

City  
**Plantation**

FL

Zip Code  
**33324**

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, 2001 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

TITLE  
**P**

NAME  
**BRENNER, MATTHEW**

STREET ADDRESS  
**5530 NW 61ST #302**

CITY-ST-ZIP  
**COCONUT CREEK FL 33073**

☐ Delete

TITLE  
**VP**

NAME  
**BRENNER, ROBYN**

STREET ADDRESS  
**5530 NW 61ST #302**

CITY-ST-ZIP  
**COCONUT CREEK FL 33073**

☐ Delete

TITLE  
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NAME  
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STREET ADDRESS  
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CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**9692 VINEYARD CT**

NAME  
**BOCA RATON, FL 33428**

STREET ADDRESS  
**BOCA RATON, FL 33428**

CITY-ST-ZIP  
**BOCA RATON, FL 33428**

☒ Change ☐ Addition

TITLE  
**9692 VINEYARD CT**

NAME  
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STREET ADDRESS  
**BOCA RATON, FL 33428**

CITY-ST-ZIP  
**BOCA RATON, FL 33428**

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

2-5-01

Date

561-239-0751

Daytime Phone #

CR2ED34 (10/00)

0301820