

2000 UNIFORM BUSINESS REPORT (UBR)

7/18/00-90018-037-\$158.75-\$158.75 *PAGE 1 of 2*

DOCUMENT # **S88307**

1. Entity Name

MAXIMUM PHARMACEUTICAL SERVICES, INC.

FILED

00 OCT 31 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10800 NW 17TH AVE
MIAMI FL 33167
US

10800 NW 17TH AVE
MIAMI FL 33167-4022
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0296935

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAITER, FRANCES W
10800 NW 17 AVE
MIAMI FL 33167-1022

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, WILLARD THOMAS
10800 NW 17 AVE.
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITE, WAYNE THOMAS
11001 NW 17TH AVE.
MIAMI FL 33167

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WHITE, PAUL THOMAS
10800 NW 17TH AVE
MIAMI LAKES FL 33167

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GAITER, FRANCES W
10800 N.W. 17 AV
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GAITER, FRANCES W.
10800 NW 17 AVE.
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Frances W. Gaiter* **07-12-00** **685-6795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

TO: Whom It May Concern;

Please see the attached, dated 07-12-00. Before sending in my annual report late; I did call the office, I was instructed to attach an explanation and the fee, I did so.

I usually file in a timely manner.

Due to this period of stress, I am asking that the added penalties and fines please be waived.

Respectfully,

Frances W. Guter

(305) 685-6795

07-12-00

TO: Whom It May Concern;

Please note on the annual report for 1999, I filed 02-22-99.

This time the face of the report had changed, I did not realize it was the Annual Report.

By time I received it I was burying my husband of 28 years my mother, age 92 was hospitalized.

I was overwhelmed. Certificate # P93000042756.

Frances W. Guter