

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00701

1. Entity Name

MAX'S AUTO SALES, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90043 029 ***150.00

Principal Place of Business

Mailing Address

5900 58TH ST. NO.
KENNETH CITY FL 33709

5900 58TH ST. NO.
KENNETH CITY FL 33709-1912

2. Principal Place of Business

5920 58 ST. NO.

3. Mailing Address

5920 58 ST. NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KENNETH CITY, FL.

City & State

KENNETH CITY, FL.

4. FEI Number

59-3101005

Applied For

Not Applicable

Zip

Country

33709

USA

Zip

Country

33709

USA

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

PEREZ, MAX SR
4574 14 AVE. NO.
ST PETERSBURG FL 33713

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 Martina Perez Sec/Treas MARTHA PEREZ SEC/TRES 2-10-00

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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEREZ, MAX SR | | NAME | | |
| STREET ADDRESS | 4574 14TH AVE N | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33713 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEREZ, MARTHA | | NAME | | |
| STREET ADDRESS | 4574 14TH AVE NO | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33713 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Martina Perez Sec/Treas MARTHA PEREZ 2-10-00 127-547-0483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)