

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED

May 18, 2001 8:00 am
Secretary of State

04-26-2001 90323 033 ***150.00

DOCUMENT # V08639

1. Entity Name

MAIVITZ INC.

Principal Place of Business

Mailing Address

500 WINDERLEY PL
109
MAITLAND FL 32751
US

7319 ENGLISH MOSS LA.
SUITE 100
ORLANDO FL 32807
US

Same as
Business



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number 59-3089666

Applied for

Not Applicable

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

MAIVITZ, JIM

7319 ENGLISH MOSS LN
ORLANDO FL 32807

Name

Shelby Miavitz-Morgan

Street Address (P.O. Box Numbers Not Acceptable)

3019 Antique Oaks Cir #124

City

Winter Park

State

Zip Code

32792

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

Shelby L. Miavitz-Morgan

5-11-01

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature not required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	MAIVITZ, JIM	☒ Delete
NAME		7319 ENGLISH MOSS LN	
STREET ADDRESS		ORLANDO FL	
CITY-STATE-ZIP			
TITLE	VPS Pres	MAIVITZ, SHELBY	☐ Delete
NAME		3019 ANTIQUE OAK CIRCLE	
STREET ADDRESS		WINTER PARK FL	
CITY-STATE-ZIP			
TITLE	VPS	Julie Miavitz	☐ Delete
NAME		7319 English Moss Lane	
STREET ADDRESS		Orlando FL 32807	
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 807, 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:

Shelby L. Miavitz-Morgan 5-19-01

407-660-9616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE (Area)

CR2E034 (10/00)