

2000 UNIFORM BUSINESS REPORT (UBR)

09-19-2000 90146003 ***550.00

V63822

DOCUMENT # V63822 (3)

1. Entity Name
MAXIMO PLAZA, INC.

FILED

00 OCT 11 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C0101179

Principal Place of Business Mailing Address
521 N. MOUNTAIN AVE., SUITE E SAME
UPLAND, CA 91786

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-3145004 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

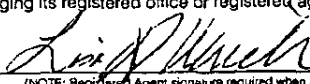
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LISA A. ULRICH
526 CENTRAL AVE., SUITE 200
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent
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 LISA A. ULRICH



09/10/2000

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 9/15/00, 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
PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP
JOSEF HAGHAZARZADEH Delete
205 2ND ANITA DR.
LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
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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

SEPTEMBER 15, 2000 Date

909-982-3337 Daytime Phone #

CR2E034 (9/98)

SP

9/20