04/29/2002 03:03 9548469366 MAXWELL ASSOCI
04/30/2002 12:45 305-466-3548 SAB GROUP, P

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90892 016 ***158.75

2002 ~~2000~~ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 369522

1. Entity Name
MAXWELL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7711 COLLINS AVENUE MIAMI BEACH, FL 33141	7711 COLLINS AVENUE MIAMI BEACH FL 33141
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1318203 ☐ 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
MAXWELL, NORMA D 7711 COLLINS AVENUE MIAMI BEACH FL 33141	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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAXWELL, NORMA DEAN		NAME	
STREET ADDRESS	7711 COLLINS AVE.		STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141		CITY - ST - ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAXWELL, DEAN R.		NAME	
STREET ADDRESS	7711 COLLINS AVE.		STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141		CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	

CR2E034 (3/00)

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: X Dean Maxwell, VP ~~NORMA~~ DEAN MAXWELL 4/30/2002 305-866-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #