

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90230 003 \*\*\*550.00

0159622 AV

**DOCUMENT # K94930**

1. Entity Name  
**AUTOMAX TRADING COMPANY**



Principal Place of Business  
**% SANFORD LOFF**  
**3440 HOLLYWOOD BLVD., #450**  
**HOLLYWOOD FL 33021**  
**US**

Mailing Address  
**% SANFORD LOFF**  
**3440 HOLLYWOOD BLVD., #450**  
**HOLLYWOOD FL 33021**  
**US**



2. Principal Place of Business

3. Mailing Address

**1800 NE 114 ST #1604**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NORTH MIAMI, FL**

Zip

Country

Zip

Country

**33181**

**USA**

4. FEI Number

**65-0162488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOFF, SANFORD A CPA**  
**3440 HOLLYWOOD BLVD**  
**SUITE 450**  
**HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1800 NE 114 STREET**

**STE # 1604**

City

**NORTH MIAMI**

**FL**

Zip Code

**33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**4/20/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**RAMPERSAD, LALCHAN**  
**POLE 163 EASTERN MAIN RD**  
**PETTIT BOURG TR**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ✓ LALCHAN RAMPERSAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/07/03**

**(868) 638-1079**

Date

Daytime Phone #

CR2E034 (10/02)