

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002040

1. Entity Name

C/MAX CAPITAL - III, LLC

FILED

02 MAY 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2950 S.W. 27TH AVENUE
SUITE 110
MIAMI FL 33133

Mailing Address

2950 S.W. 27TH AVENUE
SUITE 110
MIAMI FL 33133

2. Principal Place of Business

515 E. Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite: 1020

City & State
Ft. Lauderdale, FL

City & State

Zip
33301

Country
USA

Zip

Country

4. FEI Number

52-2221799

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, MARC
2950 S.W. 27TH AVENUE
SUITE 110
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
WATSON, MARC M.
Street Address (P.O. Box Number is Not Acceptable)
515 E. Las Olas Blvd.
Suite: 1020
City
Ft. Lauderdale FL Zip Code
33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, MARC M 2950 SW 27TH AVE. #110 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, KEVIN M 2950 SW 27 AVE, #110 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, MARC M. 515 E. Las Olas Blvd., Ste: 1020 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, KEVIN M. 515 E. Las Olas Blvd., Ste: 1020 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)