## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 2 20000003978  1. Entity Name						d a shall				
MAX COMPUTERS, L.C.				N <sub>a</sub>	FILED					
Principal Place of Business Mailing Address					OLFEB 16 AM 9: 26					
353 W. 47TH STREET Apt. 6A 353 W. 47TH STREET MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				-		SECRETARY OF S	YATE ORIDA			
2. Principal Place of Business		3. Mailing Address					<b>3.61.88</b>   11.68   <b>3</b> 6111	228		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Coun	itry	5. Certif	ficate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name	e and Address of New Registered	Agent			
				Name			ننستست			
MASLATON, SALOMON 353 W. 47TH STREET Apt. 46A				Street Address (	(P.O. Box Number is Not Acceptable)					
MIAMI BE	ACH FL 33199 33/40		Applied For Not Applicable  To Country  S. Certificate of Status Desired   \$5.00 Additional Fee Required   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  To Country   The Code   Status Desired   Status Desired							
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8. The above	named entity submits this statement for	or the purpose of changing it	s register	ed office or register	red agent, o	or both, in the State of Florida.				
SIGNATURE .			TE David			DATE				
•	Signature, typed or printed name of registered agent	and title if applicable. (NO	IE: Hegistere	d Agent signature required	d when reinstati	ng) DATE				
	ray				of State		. د . د حسد	پید ۱۰۰۰		
	MANAGONIO MATRA	NEDO MEMBERO	¥ 40			ADDITIONS (CHANCES				
TITLE P ,	MANAGING MEME				•	ADDITIONS/CHANGES		☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	SALOM MASLATON 353 W. 47th Stre Miami Beach Fl 3	et Apt. 6A	NAM Stri	EET ADDRESS						
TITLE NAME		☐ Delete				, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition		
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STREET ADDRESS CITY-ST-ZIP			STR	<b>I</b>	. – .	· /				
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CITY-ST-ZIP				'-ST-ZIP		······				
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STREET ADDRESS CITY-ST_ZIP			STRE	EET ADDRESS ST-ZIP		·				
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NAME 🐓 . 🕳			- NAM			· · · · · · · · · · · · · · · · · · ·	- TF			
STREET ADDRESS	,			EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP		07(0)(1) 51.11.51.51.51		-11 -4		
indicated	certify that the information supplied wit on this report is true and accurate and bility company or the receiver or trust	that my signature snalvhave	e the sam	e legal effect as if r	nade unde iter 608, Flo	r oath; that I am a managing memb orida Statutes,	rury that the ir er or manage	or the		
SIGNAT	URE:	SESIGNING MANAGING MEMBER, M.	SSEO ANAGER, OF	MON MA		Date	Daytime Phone #	· ·		