

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

04-30-2002 90014 028 ****50.00

DOCUMENT # L00000010912

1. Entity Name
MAXUSA, LLC

Principal Place of Business
**1607 NORTHWEST 84TH AVE.
 MIAMI FL 33126-1031**

Mailing Address
**1607 NORTHWEST 84TH AVE.
 MIAMI FL 33126-1031**

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 **APPLIED FOR**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOU, TORESA S
 4656 NW 97TH CT
 MIAMI FL 33178**

Name

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

4628 NW 97 PLACE

City

Miami

FL

Zip Code
33178

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

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 LOU, TORESA S
 339 SOUTH CHERYL LANE
 CITY OF INDUSTRY CA 91789**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

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

Date

Daytime Phone #

305 717-PPB

CP2E083 (9/01)

15,915



2002 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2002

DR-13
R. 01/02

Business Name and Location Address

Registration Effective Date

Certificate Number

MAXUSA, LLC
MAXUSA
1607 NW 84TH AVE
MIAMI FL 33126-1031

SEPTEMBER 15, 2000

23-08-514404-32-1

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased on or after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as real property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.
- Re-rental as tangible personal property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to:

(Insert name of seller on photocopy)

(date)

Presented by:

Authorized Signature (Purchaser)

(date)

Closing or Sale of Business or Change of Legal Entity

☐ The legal entity changed on ____/____/____. If you change your legal entity and are continuing to do business in Florida, you must complete a new Application to Collect and/or Report Tax in Florida (Form DR-1).

☐ The business was closed permanently on ____/____/____. (The Department will cancel your sales tax certificate number as of this date.)
Are you a corporation/partnership required to file corporate income tax or corporate intangible tax returns? ☐ Yes ☐ No

Sales and Use Tax
Certificate Number 23-08-514404-32-1

FEIN 65-1039201

☐ The business will close/was closed temporarily on ____/____/____. I plan to reopen on ____/____/____.
NOTE: Each time you temporarily open or close your business you MUST notify the Department; your account will be reopened as a monthly filer.

Forwarding Address:

City: _____ State: _____ ZIP: _____

☐ The business was sold on ____/____/____. The new owner information is:

Name of New Owner: _____ Telephone Number of New Owner: (____) _____

Mailing Address of New Owner: _____

City: _____ County: _____ State: _____ ZIP: _____

► Signature of Taxpayer (Required) _____ Date _____ Telephone Number (____) _____

Florida Department of Revenue Sales and Use Tax Return

DR-15SA
R. 12/01

Certificate Number

Collection Period

23-08-514404-32-1

07/01-12/01

Location Address

1607 NW 84TH AVE
MIAMI FL 33126-1031

MAXUSA, LLC
MAXUSA
%ANTHONY CHANG
1607 NW 84TH AVE
MIAMI FL 33126-1031

Payment is due on the 1st
and LATE if postmarked
or hand delivered after

JAN 22 2002

Surtax Rate

.0050

Location/Mailing Address Changes:

New Location Address: _____

Telephone Number: (____) _____

New Mailing Address: _____

Amount Due From Line 9

On Reverse Side

☐ Electronic Funds Transfer:☐ Check here if payment was transmitted electronically.

DOR USE ONLY

□□/□□/□□
postmark or hand delivery date

0032 081201 430301 235144041