

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22772

1. Entity Name

MAXXTRANS CORPORATION

Principal Place of Business

8245A NW 93 STREET
MEDLEY FL 33166
US

Mailing Address

8245A NW 93 ST
MEDLEY FL 33166-2027
US

2. Principal Place of Business

7821 NW 72 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

4. FEI Number

59-2987098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, NELSON A.
8245A NW 93RD STREET
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name Nelson Martinez
Street Address (P.O. Box Number is Not Acceptable)
7821 NW 72 Ave
Medley FL
City Medley FL Zip Code 33166

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

1-24-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, NELSON	
STREET ADDRESS	8245A NW 93RD STREET	
CITY-ST-ZIP	MEDLEY FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	MARTINEZ, INGRID L.	
STREET ADDRESS	8245A NE 93RD STREET	
CITY-ST-ZIP	MEDLEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, MICHELLE N.	
STREET ADDRESS	8245A NW 93RD STREET	
CITY-ST-ZIP	MEDLEY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, INGRID A.	
STREET ADDRESS	8245 A N.W. 93ST.	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Nelson	
STREET ADDRESS	7821 NW 72 Ave	
CITY-ST-ZIP	Medley, FL 33166	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Ingrid L.	
STREET ADDRESS	7821 NW 72 Ave	
CITY-ST-ZIP	Medley, FL 33166	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Michelle N.	
STREET ADDRESS	7821 NW 72 Ave	
CITY-ST-ZIP	Medley, FL 33166	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, Ingrid L.	
STREET ADDRESS	7821 NW 72 Ave	
CITY-ST-ZIP	Medley, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

305-885-0044

Daytime Phone #

CR2E034 (9/99)