

2301 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90121 014 ***150.00

DOCUMENT # P00000001214

1. Entity Name
E-COMAX.COM, INC

Principal Place of Business
2139 UNIVERSITY DR
SUITE 216
CORAL SPRINGS FL
33071

Mailing Address
2139 UNIVERSITY DR
SUITE 216
CORAL SPRINGS FL
33071

00053237

2. Principal Place of Business
1300 SAWGRASS CORP PKWY
SUITE 310
SUNRISE FL
33322

3. Mailing Address
1300 SAWGRASS CORP PKWY
SUITE 310
SUNRISE FL
33323

City & State
SUNRISE FL

Zip
33322

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0983397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARALOGAL & ATTORNEY SPRL. BUREAU INC
1406 HAYS STREET
SUITE 2
TAMPAHAWKE, FL 32301

7. Name and Address of New Registered Agent
Name
LS MAURIN
Street Address (P.O. Box Number is Not Acceptable)
1300 SAWGRASS CORP PKWY 310
City
SUNRISE FL Zip Code
33323

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 LS MAURIN (NOTE: Registered Agent signature required when reinstating)

DATE 4/16/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO ONG-LONG-LOCK 1300 SAWGRASS CORP PKWY #310 SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition UPD DEREK W. KET-LONG 1300 SAWGRASS CORP PKWY #310 SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD WILLIAM BOONE 1300 SAWGRASS PKWY #310 SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD DANIEL TOWATTE 1300 SAWGRASS CORP PKWY #310 SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE: LS MAURIN Date 4/16/01

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)