

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # P02000037134**

**1. Entity Name**  
**MAXTEC DISTRIBUTORS CORPORATION**



02-18-2003 90332 001 \*\*\*150.00  
02-18-2003 90332 002 \*\*\*\*\*8.75

**Principal Place of Business**  
**1600 SW 139TH COURT**  
**MIAMI FL 33175**

**Mailing Address**  
**1600 SW 139TH COURT**  
**MIAMI FL 33175**

**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**

**71-0876690**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**TORRES, MAGDA M**  
**1600 SW 139TH COURT**  
**MIAMI FL 33175**

**7. Name and Address of New Registered Agent**

Name

**MAGDA MAYLIN**

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

**1600 SW 139 COURT**

City

**Miami**

**FL**

Zip Code

**33175**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Magda Maylin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-15-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORRES, MAGDA M	
STREET ADDRESS	1600 SW 139TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, JUAN A	
STREET ADDRESS	1600 SW 139TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TDD	<input type="checkbox"/> Delete
NAME	MAYLIN, GISELA	
STREET ADDRESS	1600 SW 139TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGDA MAYLIN	
STREET ADDRESS	1600 SW 139 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD - TDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISELA MAYLIN	
STREET ADDRESS	1600 SW 139 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Magda Maylin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/03**

Date

**305-225-9988**

Daytime Phone #

CR2E034 (10/02)