

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90231 019 ***150.00

DOCUMENT # P02000103539

1. Entity Name
MAX PRODUCTIONS INC.



Principal Place of Business
1351 COLLINS AVE #19
MIAMI BEACH FL 33139

Mailing Address
1351 COLLINS AVE #19
MIAMI BEACH FL 33139

2. Principal Place of Business
1610 LENOX AVE.
Suite, Apt. #, etc. **#409**

3. Mailing Address
1610 LENOX AVENUE
Suite, Apt. #, etc. **#409**

City & State
MB, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country

Zip
33139

Country
USA

4. FEI Number
81-0572482

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

ECHEVERRIA, JULIAN
1351 COLLINS AVE #19
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
ECHEVERRIA, JULIAN
Street Address (P.O. Box Number is Not Acceptable)
1610 LENOX AVE. #409
City
MIAMI BEACH FL Zip Code
33139

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME
ECHEVERRIA, JULIAN
STREET ADDRESS
1351 COLLINS AVE #19
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE
VD ☐ Delete
NAME
BRAFINE, FRANK ALBERT
STREET ADDRESS
1351 COLLINS AVE #19
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
ECHEVERRIA, JULIAN ☒ Change ☐ Addition
NAME
1610 LENOX #409
STREET ADDRESS
MB, FL 33139
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03 786-356-5585
Date Daytime Phone #

CR2E034 (10/02)