

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9510f2

DOCUMENT # **P93000013220**

1. Entity Name

A. max Holding Company

FILED

03 FEB 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1948 NW 130 AVE

3. Mailing Address

1948 NW 130 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sylvia Vargas

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

1948 NW 130 AVE

City

Pembroke Pines

FL

Zip Code

33028

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PVST Vargas, Sylvia 1948 N.W 130 Avenue Pembroke Pines FL 33028.
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9000008866319
02/13/03--01061--004 **300.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

305.836-2272
Daytime Phone #

CR2E034B (12/01)

9/2/17

A-Max Holding Company
1948 N.W. 130 Avenue
Pembroke Pines, FL 33028

November 05, 2002

Reinstatement Division
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Ref : Reinstatement of Florida Corporation
Document Number P93000013220

To whom it may concern :

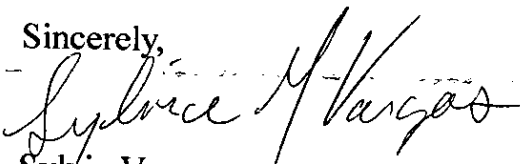
This is to request that our company be reinstated. We did not receive any notices at the address listed above. We contacted our local post office to see if there was any mail undelivered for our company and they said no.

Enclosed, please find a money order for \$150 which is the fee for renewal.

I hope you consider reinstating our company and waiving the fee.

Thank you for your attention in this matter.

Sincerely,


Sylvia Vargas