

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90068 040 ***150.00

DOCUMENT # P94000062082

1. Entity Name

EMAX CREDIT, INC.

Principal Place of Business

**2450 S.W. 137 AVE
208
MIAMI FL 33175
US**

Mailing Address

**2450 S.W. 137 AVE
208
MIAMI FL 33175
US**

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

65-0514947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, ABRAHAM

**2450 SW 137TH AVE #208
MIAMI FL 33175**

Name

Abraham Cruz

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

5202 S.W. 162 Place

City

Miami

FL

Zip Code

33185

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

Abraham Cruz

(NOTE: Registered Agent signature required when reinstating)

4/11/2001

DATE

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, 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 **DP** ☐ Delete
NAME **CRUZ, ABRAHAM**
STREET ADDRESS **2450 SW 137TH AVE #208**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **DR VTS, S** ☒ Change ☐ Addition
NAME **CRUZ, ABRAHAM**
STREET ADDRESS **P.O. Box 651594**
CITY-ST-ZIP **Miami, FL 33265**

TITLE **VTS** ☒ Delete
NAME **XIOMARA CRUZ C**
STREET ADDRESS **2450 SW 137TH AVE #208**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **S** ☒ Delete
NAME **RALPH, DIANA**
STREET ADDRESS **2450 SW 137 AVENUE #208**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Abraham Cruz **Abraham Cruz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/2001

Daytime Phone #

305-228-2595

CR2E034 (10/00)

0218874