

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000067244

1. Entity Name

PRO-MAXI INTERNATIONAL DISTRIBUTORS INC.



FILED

03 FEB 11 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100013177251

02/27/03--01082--027 ***1200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
564 TACAVERA ROAD

3. Mailing Address
564 TACAVERA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number 65-0518483

Applied For
Not Applicable

Zip
33326

Country
US

Zip
33326

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MILLENNIA CONSULTING SERVICES INC

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

2630 N.E. 203RD STREET SUITE 106

City AVENTURA

FL Zip Code
33180

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

2/10/03

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME (PTD) CLAUDIO F. CIASCA
STREET ADDRESS 564 TACAVERA ROAD
CITY-ST-ZIP WESTON, FL33326

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

2/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034B (12/02)

2052

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



CLAUDIO F. CIASCA
PRESIDENT