2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2000 8:00 am DOCUMENT # **P9400078838** Secretary of State PRO-MAX PAINT AND WATERPROOFING CORP. 05-07-2000 90019 036 ***150.00 Mailing Address Principal Place of Business 12288 SW 131ST AVE 12288 SW 131ST AVE MIAMI FL 33186-6483 MIAMI FL 33186 00000-US 3. Mailing Address SYO7 NW 2. Principal Place of Business AVE 5407 NW74 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0530394 33166 33166 MIAMI Not Applicable MIANIT \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOWER MAXIMILIAN TOWER, MAXIMILIAN Street Address (P.O. Box Number is Not Acceptable) 12288 SW 131 AVE **MIAMI FL 33186** SYOT 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 (NOTE: Registered Agent signature required when reinstating) ntechame of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9.7 This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. `+4<u>+4</u>55<u>*</u> Addition TITLE ☐ Delete TITLE MAXIMFLIAN M TOUTER TOWER, MAXIMILIAN M NAME NAME SYOT NW 74 AVE STREET ADDRESS 9361 SW 140TH ST STREET ADDRESS CITY-ST-ZIP MAMIL FL 33166 CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition NOLSON BLANCO TITLE ☐ Delete **BLANCO, NILSON** NAME NAMÉ SYO) NW TY AVE STREET ADDRESS 7880 NW 170TH TERR STREET ADDRESS MIAMIL FL 33166 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Addition Change Delete TITLE TITLE ALEXANDER NAME NAME STREET ADDRESS SHOT NW TY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR