

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90088 033 \*\*\*150.00

0116029

**DOCUMENT # P95000038356**

1. Entity Name  
**ALARMAX INC.**

Principal Place of Business

Mailing Address

1790 W 49TH ST  
 118  
 HIALEAH FL 33012  
 US

19411 NW 7 STREET  
 PEMBROKE PINES FL 33029

C0040817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*P.O. Box 825901*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*South Florida, Florida*

City & State

4. FEI Number

65-0608707

Applied For

Not Applicable

Zip

*33082-5901*

Country

*USA*

Zip

Country

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

MARTINEZ, NIDIA ELENA  
 19411 NW 7 STREET  
 PEMBROKE PINES FL 33029

Name

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

City

**FL**

Zip Code

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)

**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: PTD  Delete  
 NAME: MARTINEZ, ANDRE  
 STREET ADDRESS: 19411 NW 7 STREET  
 CITY-ST-ZIP: PEMBROKE PINES FL 33029

TITLE: Secretary  Change  Addition  
 NAME: Lorenzo Martin  
 STREET ADDRESS: 19411 NW 7 ST  
 CITY-ST-ZIP: Pembroke Pines, Fla, 33029

TITLE: V  Delete  
 NAME: MARTINEZ, NIDIA ELENA  
 STREET ADDRESS: 19411 NW 7 STREET  
 CITY-ST-ZIP: PEMBROKE PINES FL 33029

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

TITLE: S  Delete  
 NAME: RODRIGUEZ, ANTONIO  
 STREET ADDRESS: 8550 WEST FLAGLER STREET, #102  
 CITY-ST-ZIP: MIAMI FL 33144

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  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Andree Martinez* 3-29-01 954-435 1118

CR2E034 (10/00)