

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90040 021 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P95000038356

1. Entity Name
ALARMAX INC.

Principal Place of Business Mailing Address
PO BOX 825901 19411 NW 7 STREET
SOUTH FLORIDA FL 33082-5901 PEMBROKE PINES FL 33029
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 **65-0608707** Applied For
 Not-Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	MARTINEZ, ANDRE		
19411 NW 7 STREET	19411 NW 7 STREET		
PEMBROKE PINES FL 33029	PEMBROKE PINES FL 33029		
V	MARTINEZ, NIDIA ELENA		
19411 NW 7 STREET	19411 NW 7 STREET		
PEMBROKE PINES FL 33029	PEMBROKE PINES FL 33029		
S	MARTIN, LORENZO		
19411 NW 7TH ST	19411 NW 7TH ST		
PEMBROKE PINES FL 33029	PEMBROKE PINES FL 33029		

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 a title like empowered.

SIGNATURE: *Andre Martinez* **ANDRE MARTINEZ** 3-15-02 954.435.5164
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)