

002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05-06-2002 90066 004 ***150.00

DOCUMENT # P95000082799

1. Entity Name
T-MAX & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
771 N PINE ISLAND

2. Mailing Address
771 N PINE ISLAND

Suite, Apt. #, etc.
NO. 304

Suite, Apt. #, etc.
NO. 304

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FFI Number
65-0616674

Applied For
Not Applicable

Zip
33324

Country

Zip
33324

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ROBERT M. CASTILLO
Street Address (P.O. Box Number is NOT Acceptable)
771 N PINE ISLAND NO. 304

City
PLANTATION FL Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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 file, if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

9. The corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT CASTILLO 771 N PINE ISLAND NO. 304 PLANTATION, FL 33324
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), Florida Statutes; I further certify that the information indicated on this 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 887, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 954/274-5633

Daytime Phone #