


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

DOCUMENT # P95000082799  
 1. Entity Name  
 T MAX & ASSOCIATES, INC



**DO NOT WRITE IN THIS SPACE**

11023898

2. Principal Place of Business  
 2011 NW 100 AVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 2011 NW 100 AVE  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 65-0616674

Applied For  
 Not Applicable

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

City & State  
 PEMBROKE PINES, FL

City & State  
 PEMBROKE PINES, FL

Zip  
 33024

Country

Zip  
 33024

Country

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 ROBERT M. CASTILLO


Street Address (P.O. Box Number is Not Acceptable)  
 2011 NW 100 AVE

City  
 PEMBROKE PINES

State  
 FL

Zip  
 33024

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  DATE 4/25/03

Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when re-registering)

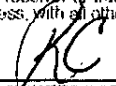
January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |  |                                   |
|--|--|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIRECTOR<br>ROBERT CASTILLO<br>2011 NW 100 AVE<br>PEMBROKE PINES, FL 33024 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:  DATE 4/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR