

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90018 046 ***550.00

DOCUMENT # P96000020418

1. Entity Name

NETWORKMAX WAREHOUSE, INC.

Principal Place of Business

398 E HWY 436
CASSELBERRY FL 32707

Mailing Address

398 E HWY 436
CASSELBERRY FL 32707

2. Principal Place of Business

6801 S. HWY 1792
Suite, Apt. #, etc.

3. Mailing Address

6801 S. HWY 1792
Suite, Apt. #, etc.

City & State

Fern Park Florida

City & State

Fern Park Florida

4. FEI Number

59-3363450

Applied For

Not Applicable

Zip

32730

Country

Zip

32730

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMKHELAWAN, RAJENDRA
398 E HWY 436 UNIT #100
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: Ramkhelawan, Rajendra
Street Address (P.O. Box Number is Not Acceptable): 6801 S. HWY 1792
City: Fern Park FL Zip Code: 32730

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMKHELAWAN, LIDIA V	
STREET ADDRESS	398 E HWY 436	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAMKHELAWAN, RAJENDRA	
STREET ADDRESS	398 E HWY 436	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramkhelawan, Lidia V	
STREET ADDRESS	6801 S. HWY 1792	
CITY-ST-ZIP	Fern Park FL- 32730	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramkhelawan, Rajendra	
STREET ADDRESS	6801 S. HWY 1792	
CITY-ST-ZIP	Fern Park FL- 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 companies.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00

Date

407-834-7000

Daytime Phone #

CR2E034 (5/00)