

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020418

1. Entity Name

NETWORKMAX WAREHOUSE, INC.

NETWORKMAX, INC. (CHANGE)



FILED

03 JAN 29 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
6801 S HWY 1792  
FERN PARK FL 32730Mailing Address  
6801 S HWY 1792  
FERN PARK FL 327302. Principal Place of Business  
220 LOOKOUT PLACE3. Mailing Address  
220 LOOKOUT PLACESuite, Apt. #, etc.  
SUITE #100Suite, Apt. #, etc.  
SUITE #100City & State  
MAITLAND, FLCity & State  
MAITLAND, FLZip  
32751 Country  
ORANGEZip  
32751 Country  
ORANGE

4. FEI Number 59-3363450

Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

RAMKHELAWAN, RAJENDRA  
6801 S HWY 1792  
FERN PARK FL 32730

## 7. Name and Address of New Registered Agent

Name  
NALIN N. SUKHDEO  
Street Address (P.O. Box Number is Not Acceptable)  
220 LOOKOUT PLACE  
SUITE #100  
City  
MAITLAND FL Zip Code  
32751

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVTS  
RAMKHELAWAN, RAJENDRA  
6801 S HWY 1792  
FERN PARK FL 32730 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVTS  
NALIN N. SUKHDEO  
220 LOOKOUT PLACE #100  
MAITLAND, FL 32751 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 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 #

CR2E034 (10/02)