

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020421

1. Entity Name
CABLEMAX INDUSTRIES, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90018 045 ***550.00

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

3. Mailing Address
6801 S. Hwy 1792

City & State
Fern Park, Florida

City & State
Fern Park, Florida

4. FEI Number **59-3363443** Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMKHELAWAN, RAJENDRA
398 E HWY 436
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 17-92
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 _____ (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** ☐ Delete
NAME **RAMKHELAWAN, LIDIA V**
STREET ADDRESS **398 E HWY 436**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **V** ☐ Delete
NAME **RAMKHELAWAN, RAJENDRA**
STREET ADDRESS **398 E HWY 436**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Ramkhelawan, Lidia**
STREET ADDRESS **6801 S. Hwy 17-92**
CITY-ST-ZIP **Fern Park, Florida 32730**

TITLE **V** ☒ Change ☐ Addition
NAME **Ramkhelawan, Rajendra**
STREET ADDRESS **6801 S. Hwy 17-92**
CITY-ST-ZIP **Fern Park, Florida 32730**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 recipient of the report or the person authorized 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, and all other are employed.

SIGNATURE: _____

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/00 407-834-7000

CR2E034 (5/00)