

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90181 016 ***158.75

DOCUMENT # P96000020421

1. Entity Name
CABLEMAX INDUSTRIES, INC.
QBEX SYSTEMS, INC.

Principal Place of Business
6801 S HWY 1792
CASSELBERRY FL 32730

Mailing Address
6801 S HWY 1792
CASSELBERRY FL 32730

2. Principal Place of Business
6801 S HWY 17-92
Suite, Apt. #, etc.

3. Mailing Address
6801 S. HWY 17-92
Suite, Apt. #, etc.

City & State
FERN PARK FL
Zip
32730

Country
SEMINOLE

City & State
FERN PARK FL
Zip
32730

Country
SEMINOLE

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
6801 S HWY 1792
FERN PARK FL 32730

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS RAMKHELAWAN, RAJENDRA 6801 S HWY 1792 FERN PARK FL 32730 | <input type="checkbox"/> Delete |
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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

1/25/03 **407-834-7000**
Date Daytime Phone #

CR2E034 (10/02)