

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90102 007 ***150.00

DOCUMENT # P96000049099

1. Entity Name:
MAXIMA'S PROYECT, INC.

Principal Place of Business
460 WEST PARK DRIVE
#107
MIAMI FL 33172
US

Mailing Address
728 MAJORCA AVE
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6201 N.W. 114th PL

3. Mailing Address

Suite, Apt. #, etc.
246

Suite, Apt. #, etc.

City & State
Miami FL

City & State

4. FEI Number **59-3390553**

Applied For
 Not Applicable

Zip **33148** Country **U.S.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCEO, MAXIMA
ACCOUNTING ASSISTANCE
728 MAJORCA AVE
CORAL GABLES FL 33154

Name

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

City

FL

Zip Code

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ Delete
 NAME **ARCEO, MAXIMA**
 STREET ADDRESS **9631 FOUNTAINBLEAU BLVD. #605**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
 NAME **6201 N.W. 114th PL # 246**
 STREET ADDRESS **Miami, FL 33148**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ARCEO, KARINA**
 STREET ADDRESS **9631 FOUNTAINBLEAU BLVD STE 605**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
 NAME **6201 N.W. 114th PL # 246**
 STREET ADDRESS **Miami, FL 33148**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 NAME
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 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/16/02

305-597-6389

Date

Daytime Phone #

CR2E034 (9/01)