

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 015 ***150.00

DOCUMENT # P96000049099

1. Entity Name
MAXIMA'S PROYECT, INC.



Principal Place of Business
**7201 NW 114 B PLACE
246
MIAMI, FL 33172 US**

*PLEASE
change*

Mailing Address
**7201 NW 114 B PLACE
246
MIAMI, FL 33172 US**

2. Principal Place of Business

**13460 SW 181ST ST
Suite, Apt. #, etc.**

3. Mailing Address

**13460 SW 181ST ST
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3390553

Applied For

☐ Not Applicable

Zip **33177**

Country **USA**

Zip **33177**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KARINA ARCEO / PRESIDENT**

Street Address (P.O. Box Number is Not Acceptable)
13460 SW 181ST STREET

City **MIAMI**

FL

Zip Code **33177**

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] **Maxima ARCEO / PRESIDENT**

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

(NOTE: Registered Agents signature required when withdrawing)

DATE

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ARCEO, KARINA 13460 SW 181ST STREET MIAMI, FL 33177	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID FEDISON 13460 SW 181ST STREET MIAMI, FL 33177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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)(1), 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] **Maxima ARCEO** **04/20/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-232-1144

CR2E034 (10/02)