

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056227

1. Entity Name  
MAX POWER SOAP AND CHEMICAL MANUFACTURERS CORPOR

Principal Place of Business  
6760 N.W. 37TH AVE.  
MIAMI FL 33147

Mailing Address  
6760 N.W. 37TH AVE.  
MIAMI FL 33147

2. Principal Place of Business

MIAMI

Suite, Apt. #, etc.

3. Mailing Address

6760 NW 37 Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

FL

Zip

33147

Country

USA

Zip

Country

4. FEI Number

65-0678874

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATISTA, ALEXIS SR  
6760 N.W. 37TH AVE.  
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name  
MAKONNEN AFEWORK  
Street Address (P.O. Box Number is Not Acceptable)  
6760 NW 37 AVE.  
City MIAMI FL Zip Code 33147

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 P. S. Makonnen Afeework: MAKONNEN AFEWORK PRESIDENT 9-10-2001

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 \$550.00  
After September 12, 2001 Fee 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 PTD  
NAME AFEWORK, MAKONNEN  
STREET ADDRESS 6760 N.W. 37TH AVE.  
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE VSD  
NAME BATISTA, ALEXIS SR.  
STREET ADDRESS 6760 N.W. 37TH AVE.  
CITY-ST-ZIP MIAMI FL 33147

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 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: PRESIDENT MAKONNEN AFEWORK 9/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 18, 2001 8:00 am  
Secretary of State

09-18-2001 90036 001 \*\*\*550.00  
09-18-2001 90036 002 \*\*\*\*\*8.75

78498



DO NOT WRITE IN THIS SPACE

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