

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90215 024 ***150.00

DOCUMENT # P97000005376

1. Entity Name

ANCAMAX INTERNATIONAL INC.

Principal Place of Business

1820 JAMES AVE
APT 3-A
MIAMI BEACH FL 33139

Mailing Address

1820 JAMES AVE
APT 3-A
MIAMI BEACH FL 33139

2. Principal Place of Business

111 Chippewa Street
Suite, Apt. #, etc.

3. Mailing Address

111 Chippewa Street
Suite, Apt. #, etc.

City & State

Miami Springs, FL

City & State

Miami Springs, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0731654

Applied For

Not Applicable

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

GONZALEZ, ANGELA
1820 JAMES AVE
APT 3-A
MIAMI BEACH FL 33139

Name

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

1340 N. ROYAL POINCIANA BLVD.

City

Miami Springs

FL

Zip Code

33166

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, 2001 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 PD
NAME PEREDA, CATALINA
STREET ADDRESS 111 CHIPPEWA ST.
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE VPD
NAME GONZALEZ, ANGELA
STREET ADDRESS 8911 SW. 157TH ST.
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE VPD
NAME Gonzalez, Angela
STREET ADDRESS 1340 N. ROYAL POINCIANA BLVD
CITY-ST-ZIP MIAMI SPRINGS, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Catalina Pereda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305 888-4828

Daytime Phone #

CR2E034 (10/00)