

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 97000093268**

1. Entity Name
INTERMAX CORP

FILED

01 AUG -1 PM 12:07

Principal Place of Business
**6075 SUNSET DRIVE (STE 201)
S. MIAMI, FL. 33143**

Mailing Address
**6075 SUNSET DRIVE (STE 201)
S. MIAMI, FL. 33143**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
**2780 S.W. 37 AVE
Suite, Apt. #, etc.
205**

3. Mailing Address
**P.O. Box 165539
Suite, Apt. #, etc.**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133

Country
USA

Zip
33116-5539

Country
USA

2000-2001 UBR

6. Name and Address of Current Registered Agent
**GROSSMAN, JEROME
6075 SUNSET DRIVE (201)
MIAMI, FL. 33143**

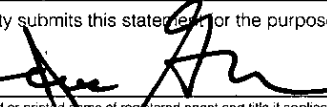
4. FEI Number
65-0797935

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name **GROSSMAN, JEROME**
Street Address (P.O. Box Number is Not Acceptable)
2780 S.W. 37 AVE. (205)
City **MIAMI** FL Zip Code **33133**

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  DATE **07/06/01**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABRA, FLAVIO E. % YORK RUA DAVI CAMPISTA, 142 SAO PAULO, S.P., BRAZIL 01429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABRA, MARWA D. % YORK RUA DAVI CAMPISTA, 142 SAO PAULO, S.P., BRAZIL 01429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABRA, RODRIGO % YORK RUA DAVI CAMPISTA, 142 SAO PAULO, S.P., BRAZIL 01429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABRA, ALLESANDRO % YORK RUA DAVI CAMPISTA, 142 SAO PAULO, S.P., BRAZIL 01429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEROME GROSSMAN 6075 SUNSET DR., STE 201 S. MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004547815--8 -08/21/01--01083--003 *****300.00 *****300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004547815--8 -08/21/01--01083--004 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, V JEROME GROSSMAN 2780 S.W. 37 AVE. (205) MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **S, V** DATE **07/06/01** DAYTIME PHONE # **(305) 662-6772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)