

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034390

1. Entity Name

C-MAX CAPITAL CORPORATION

Principal Place of Business

Mailing Address

6126 PARADISE POINT DRIVE
MIAMI FL 33157

6126 PARADISE POINT DRIVE
MIAMI FL 33157-2607

2. Principal Place of Business

2950 S.W. 27th AVE.

3. Mailing Address

2950 S.W. 27th AVE.

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

Zip

33133

Country

6. Name and Address of Current Registered Agent

WATSON, MARC M
6126 PARADISE POINT DRIVE
MIAMI FL 33157

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

Marc M. Watson

MARC M. WATSON, PRES.

1/7/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS WATSON, MARC M
CITY-ST-ZIP 6126 PARADISE POINT DRIVE
MIAMI FL 33157

TITLE ☐ Delete
NAME D
STREET ADDRESS WATSON, KEVIN
CITY-ST-ZIP 6126 PARADISE POINT DRIVE
MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Marc M. Watson* MARC M. WATSON, Pres

1-04-00

305
567-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90028 034 ***150.00

00000101



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR
65-0831331

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent