

2002 UNIFORM BUSINESS REPORT (UBR)

0207899 AV

DOCUMENT # P98000034390

1. Entity Name
C-MAX CAPITAL CORPORATION

FILED

02 APR 26 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2950 SW 27TH AVE
MIAMI FL 33133

Mailing Address

2950 SW 27TH AVE
MIAMI FL 33133

2. Principal Place of Business

515 E. Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite: 1020

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number 65-0831321

Applied For

Not Applicable

Zip
33301

Country
USA

Zip

Country

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

WATSON, MARC M
6126 PARADISE POINT DRIVE
MIAMI FL 33157

Name
WATSON, MARC M.

Street Address (P.O. Box Number is Not Acceptable)
515 E. Las Olas Blvd

Suite: 1020

City
Ft. Lauderdale

FL

Zip Code
33301

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

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, 2002 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 D ☐ Delete
NAME WATSON, MARC M
STREET ADDRESS 6126 PARADISE POINT DRIVE
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☒ Change ☐ Addition
NAME WATSON, MARC M.
STREET ADDRESS 515 E. Las Olas Blvd, Ste. 1020
CITY-ST-ZIP Ft. Lauderdale, FL 33301

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

TITLE D ☒ Change ☐ Addition
NAME WATSON, KEVIN M.
STREET ADDRESS 515 E. Las Olas Blvd. Ste. 1020
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100005504611--3
STREET ADDRESS -05/13/02--01006--010
CITY-ST-ZIP ***1302.50 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/02

Daytime Phone #

954/765-3884

CR2E034 (9/01)