

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000034405****1. Entity Name**

MAXIMUM ELECTRONICS, INC.

Principal Place of Business

7950 N.W. 174TH TERRACE

HIALEAH
33015

FL

Mailing Address

7950 N.W. 174TH TERRACE

HIALEAH
33015

FL

2. Principal Place of Business

14591 S.W. 33RD COURT

3. Mailing Address

14591 S.W. 33RD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR

FL

Zip
33027

Country

City & State

MIRAMAR

FL

Zip
33027

Country

4. FEI Number**65-0845040****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

COBER CORPORATE AGENTS, INC.

2601 SOUTH BAYSHORE DRIVE

19TH FLOOR

MIAMI

33133

US

FL

7. Name and Address of New Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/01/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	D			<input type="checkbox"/> Delete
NAME	VALESS	SILVIA		
STREET ADDRESS	7950 N.W. 174TH TERRACE			
CITY-ST-ZIP	HIALEAH	FL	33015	

TITLE	D			<input type="checkbox"/> Delete
NAME	VALDES	DIVARDO		
STREET ADDRESS	7950 N.W. 174TH TERRACE			
CITY-ST-ZIP	HIALEAH	FL	33015	

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	ALEN	GUMERSINDO			

TITLE	S			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALDES	SILVIA			
STREET ADDRESS	14591 S.W. 33RD COURT				
CITY-ST-ZIP	MIRAMAR	FL	33027		

TITLE	P			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALDES	DIVARDO			
STREET ADDRESS	14591 S.W. 33RD COURT				
CITY-ST-ZIP	MIRAMAR	FL	33027		

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> 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: DIVARDO VALDES****03/01/2000**