

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

DOCUMENT # **P** 99000001699

1. Entity Name
TEDMAX INVESTMENTS, INC.

FILED

01 MAY -3 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2151 LeJeune Road Suite 310 Coral Gables, FL 33134	Mailing Address 2151 LeJeune Road Suite 310 Coral Gables, FL 33134
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2. Principal Place of Business c/o 782 NW LeJeune Road Suite, Apt. #, etc. 548	3. Mailing Address c/o 782 NW LeJeune Road Suite, Apt. #, etc. 548
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City & State Miami FL	City & State Miami FL
Zip 3316	Zip 33126
Country USA	Country USA

4. FEI Number 65-0953993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, Osvaldo N.
2151 LeJeune Road South - Suite 310
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name
MARQUEZ, Jose M.

Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Road

Suite 548

City
Miami FL Zip Code
33126

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 *Jose Marquez* **May 1, 2001**
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.

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 SOTO, Osvaldo 2151 LeJeune Road - Suite 310 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	DPS MOLINO, David c/o 782 NW LeJeune Road, Suite 548 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACERO, Manuela c/o 782 NW LeJeune Road, Suite 548 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information.

SIGNATURE: *David Molino* **David Molino, President** 05/01/2001 (305) 447-1160