

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90948 023 ***150.00

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DOCUMENT # P99000041131

1. Entity Name
AIRMAX CONTRACTORS CORP.

Principal Place of Business Mailing Address
5589 N.W. 72ND AVENUE **5589 N.W. 72ND AVENUE**
MIAMI FL 33166 **MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address
7710 NW 72 Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.
SAME

City & State City & State
Meoley, FL

Zip Country Zip Country
33166 **DADE**

4. FEI Number Applied For
65-0917508 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVO, CARLOS M
5589 N.W. 72ND AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Axel A. Gonzalez, CPA**
 Street Address (P.O. Box Number is Not Acceptable) **2688 SW 137th Ave.**
 City **Miami, FL** **FL** Zip Code **33175**

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 **4/27/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVO, CARLOS M 5589 N.W. 72ND AVENUE MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NOVO, CARLOS M. 7710 NW 72 Ave MEOLEY, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, RODOLFO 5589 N.W. 72ND AVENUE MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAURY, JORGE 7710 NW 72 Ave MEOLEY, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRERA, MANUEL 5589 N.W. 72ND AVENUE MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/01**

DAYTIME PHONE # **(305) 888-9775**

CR2E034 (10/00)