

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069338

1. Entity Name
THE BOXER-MAX CORPORATION

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90022 048 ***150.00

Principal Place of Business
1239 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address
1239 ALTON ROAD
MIAMI BEACH FL 33139-3809

C0000603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1239 Alton Road
Suite, Apt. #, etc.

3. Mailing Address
1239 Alton Road
Suite, Apt. #, etc.

City & State
Miami Bch, FLA
Zip
33139
Country
USA

City & State
miami bch, FLA
Zip
33139
Country
USA

4. FEI Number ☒ Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G
218 ALMERIA AVE
CORAL GABLES FL 33134

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)

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 **D. President** ☐ Delete
NAME **GUTIERREZ, GUSTAVO**
STREET ADDRESS **1239 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Gustavo Gutierrez** **12/2000** **305-532-7939**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #