

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90052 048 ***150.00

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DOCUMENT # P99000070329

1. Entity Name

MAXIMUM SPORT NUTRITION, CORP.

Principal Place of Business

Mailing Address

**15141 S.W. 49TH STREET
 MIRAMAR FL 33014**

**15141 S.W. 49TH STREET
 MIRAMAR FL 33014**



2. Principal Place of Business

3. Mailing Address

801 W 49 ST

801 W 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

105

City & State

City & State

HI ALEAH FL

HI ALEAH FL

Zip

Country

Zip

Country

33012

33012

4. FEI Number **65-0955291**

Applied For

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

7. Name and Address of New Registered Agent

**GUTIERREZ, JORGE
 15141 S.W. 49TH STREET
 MIRAMAR FL 33014**

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, 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 **GUTIERREZ, JORGE**
 STREET ADDRESS **15141 S.W. 49TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33027**

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

TITLE **D** ☐ Delete
 NAME **ALICEA, MARIA**
 STREET ADDRESS **15141 SW 49TH ST.**
 CITY-ST-ZIP **MIRAMAR FL 33027**

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

TITLE ☐ Delete
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☐ Change ☐ Addition
 TITLE
 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/02

CR2E034 (9/01)