

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000090652**1. Entity Name
PRO-MAX PAINT & TEXTURE CORP.

Principal Place of Business

5407 NW 74 AVE

MIAMI
33166

FL

Mailing Address

5407 NW 74 AVE

MIAMI
33166

FL

2. Principal Place of Business
6921 NW 51 STREET3. Mailing Address
6921 NW 51 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33166

Country

Zip
33166

Country

4. FEI Number

65-1005812

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOWER MAXIMILIAN M
5407 NW 74TH AVEMIAMI
33166

FL

7. Name and Address of New Registered Agent

Name

TOWER MAXIMILIAN M

Street Address (P.O. Box Number is Not Acceptable)
6921 NW 51 STREETCity
MIAMI

FL

Zip Code
33166

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 _____ **09/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	TOWER ALEXANDER	
STREET ADDRESS	5407 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANCO NILSON	
STREET ADDRESS	5407 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TOWER MAXIMILIAN M	
STREET ADDRESS	5407 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWER ALEXANDER	
STREET ADDRESS	6921 NW 51 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO NILSON	
STREET ADDRESS	6921 NW 51 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWER MAXIMILIAN M	
STREET ADDRESS	6921 NW 51 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
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: Maximilian Tower

DP

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)