



BA20250152741



STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: BA20250152741 Date Filed: 1/22/2025

| Entity Details Corporation Name | MaxBlackUber Company | |
|--|-----------------------|--|
| Entity No. | 6545960 | |
| Entity No. | 0343900 | |
| Formed In | CALIFORNIA | |
| Street Address of Principal Office of Corporation | | |
| Principal Address | 16482 VILLA DR | |
| | VICTORVILLE, CA 92395 | |
| Mailing Address of Corporation | | |
| Mailing Address | 16482 VILLA DR | |
| | VICTORVILLE, CA 92395 | |
| Attention | | |
| Street Address of California Office of Corporation | | |
| Street Address of California Office | 16482 VILLA DR | |
| | VICTORVILLE, CA 92395 | |

Officers

| Officer Name | Officer Address | Position(s) |
|--------------------------|---|--|
| + Hovhannes Hovhannisyan | 16482 VILLA DR VICTORVILLE, CA 92395 | Chief Executive Officer, Chief Financial Officer |
| + Kristine Amlikyan | 16482 VILLA DR VICTORVILLE, CA 92395 | Secretary |

Additional Officers

| Officer Name | Officer Address | Position | Stated Position |
|--------------|-----------------|----------|-----------------|
| None Entered | | | |

Directors

| Director Name | Director Address |
|--------------------------|---|
| + Hovhannes Hovhannisyan | 16482 VILLA DR VICTORVILLE, CA 92395 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name Hovhannisyan

Agent Address 16482 VILLA DR

VICTORVILLE, CA 92395

Type of Business

Type of Business Services

Email Notifications

Opt-in Email Notifications Yes, I opt-in to receive entity notifications via email.

Labor Judgment

| No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code. | | | | |
|---|------------|--|--|--|
| Electronic Signature | | | | |
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
| Hovhannes Hovhannisyan | 01/22/2025 | | | |
| Signature | Date | | | |
| | | | | |