2000 UNIFORM BUSINESS REPORT. (UBR)

DOCUMENT # L96973

1. Entity Name

MIAMI FL 33125

SIGNATURE

US

MAXI SECURITY AND INVESTIGATION, INC.

1	
	V

Principal Place of Business 2305 N.W. 7TH ST.

Mailing Address

2301 N.W. 7TH STREET. SUITE H

MIAMI FL 33125

FILED Jul 17, 2000 8:00 am Secretary of State

07-17-2000 90105 001 ***300.00 07-17-2000 90105 002 ***250.00

I U T U U



DATE

Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Zip	Country	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
	,		Name	•
	ISA, JORGE M. W 7TH ST		Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI F	FL 33125			,
			City	FL Zip Code
The chave non		ant for the purpose of char	naina ite registered office or re	enistered egent or both in the State of Florida

(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)

Signature, typed or printed name of registered agent and title if applicable.

- FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition Change TITLE ☐ Delete TITLE ESPINOSA, JORGE M. NAME STREET ADDRESS 2305 NW 7TH ST STREET ADDRESS City-ST-ZIP CfTY-ST-Z/P MIAMI FL TITLE ☐ Delete TITLE ☐ Change Addition ESPINOSA, JORGE R. NAME NAME 2111 NW NO RIVER DR,C112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Delete TITLE Addition TITLE PASTRANA, VICTOR NAME NAME STREET ADDRESS STREET ADDRESS 425 NE 22ND ST., #7 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST_ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 suppliemental 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 custee 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

SIGNATURE:

IGNING OFFICER OF DIRECTOR