

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L96973

1. Entity Name

MAXI SECURITY AND INVESTIGATIONS, INC



FILED

04 MAY -5 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2800 N.W. 32 AVENUE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

City & State

Zip

33142

Country

MIAMI-DADE

Country

4. FEI Number

65-0216730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JORGE M. ESPINOSA

Street Address (P.O. Box Number is Not Acceptable)

8230 S.W. 12 TERRACE

City

MIAMI,

FL

Zip Code  
33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04 27 2004

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
ESPINOSA, JORGE M.  
8230 SW 12 TERRACE MIAMI, FL. 33144

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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300033539109

04/22/04--01023--006 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Espinosa (DIRECTOR)  
JORGE ESPINOSA

04/16/04

Date

(305) 635-2999

Daytime Phone #

CR2E034B (12/02)