## FOR PROFIT CORPORTION UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUS	INESS REPORT	~(UBR) ,					
DOCUI	MENT # L96973				FILED			
MAXI SECURITY AND INVESTIGATIONS, INC					04 MAY -5 AM 8: 36			
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DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	lace of Business  V. 32 AVENUE	3. Mailing Address SΔMF	3. Mailing Address SAME					
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	7 2 .	City & State	21, 22		nber 5-0216730		Applied For Not Applicable	
Zip 33142	Country MIAMI-DADE	Zip	Country	5. Certifica	5. Certificate of Status Desired  Fee F			
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			Street Addre	essi(P.O: BoxiNum 30 S.W. 1:	nber is Not Acceptable)		<del></del>	
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City MIAMI					F	<u>-Ĺ</u> β.	Zip Code 31 44	
	named entity submits this stater	ment for the purpose of changing its	s registered office or reg	istered agent, or	ooth, in the State of Florida. I a	ım familia	ar with, and accept	
. /	loun took	11100						
SIGNATURE	Signature, typed or printed name of egister	ed agent and title if applicable. (NO	TE: Registered Agent signature re	quired when reinstating)	04 27 200 DAI	4 TE		
	nuary 1 - May 1 Fee le \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departm	ent of State			Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.		S AND DIRECTORS				ARTYL OF THE ALTOHOLOGIC FL CHANGE AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESPINOSA, JORGE M 8230 SW 12 TERRA	TITLE NAME STREET ADDRESS CITY: ST-ZIP						
TITLE NAME			TITLE NAME	04/2	<del>00033539</del> 2/0401023006	<del>1112</del> **1	50.00	
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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.

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

9/9/CS/WW 03/JONSE ESPINOSA SIGNAJURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/04

(305) 635-2999

Decima Phone ii

CR2E034B (12/02)