

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91156 048 \*\*\*150.00

DOCUMENT # P00000041714

1. Entity Name

MAXI OF SOUTH FLORIDA, INC

Principal Place of Business

Mailing Address

17740 NW 67 AVENUE  
 APT 624  
 MIAMI, FL 33015

17740 NW 67 AVENUE  
 APT 624  
 MIAMI, FL 33015

2. Principal Place of Business

19654 NW 49 Ct.

Suite, Apt. #, etc.

3. Mailing Address

19654 NW 49 Ct.

Suite, Apt. #, etc.

City &amp; State

Miami Gardens, FL

City &amp; State

Miami Gardens, FL

4. FEI Number

65-1002624

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33055

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACAYO, MARIO  
 17740 NW 67 AVENUE  
 APT 624  
 MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
 NAME LACAYO, MARIO  
 STREET ADDRESS 17740 NW 67 AVENUE APT 624  
 CITY - ST - ZIP MIAMI, FL 33015

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 STREET ADDRESS  
 CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME LACAYO, MARIO  
 STREET ADDRESS 19654 NW 49 Ct.  
 CITY - ST - ZIP MIAMI GARDENS, FL 33055

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #