

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000068333**1. Entity Name  
MAICOM SOLUTIONS, INC.

## Principal Place of Business

3053 N.W. 82 AVENUE

MIAMI  
33122

FL

## Mailing Address

3053 N.W. 82 AVENUE

MIAMI  
33122

FL

## 2. Principal Place of Business

7760 WEST 20TH AVENUE

Suite, Apt. #, etc.  
SUITE 14

## 3. Mailing Address

7760 WEST 20TH AVENUE

Suite, Apt. #, etc.  
SUITE 14City & State  
HIALEAH

FL

City & State  
HIALEAH

FL

Zip  
33016Country  
USZip  
33016Country  
US

## 4. FEI Number

65-1025780

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GADEA EDUARDO E  
10689 NORTH KENDALL DRIVEMIAMI  
33176

US

FL

## 7. Name and Address of New Registered Agent

## Name

GADEA EDUARDO E

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

10689 NORTH KENDALL DRIVE

SUITE 309

City  
MIAMI

FL

Zip Code  
33176

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 \_\_\_\_\_ 04/20/2001

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 D ☐ Delete  
NAME GONCALVES ROSANGELA J  
STREET ADDRESS 3053 N.W. 82 AVENUE  
CITY-ST-ZIP MIAMI FL 33122TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition  
NAME GONCALVES ROSANGELA J  
STREET ADDRESS 1607 VICTORIA POINTE CIRCLE  
CITY-ST-ZIP WESTON FL 33327TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ROSANGELA JUCK GONCALVES**

P/D

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)