

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070039

1. Entity Name

MAXICOM TECHNOLOGIES, CORP.

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90059 017 \*\*\*150.00

Principal Place of Business

2455 S OCEAN BLVD  
HIGHLAND BEACH FL 33487

Mailing Address

2455 S OCEAN BLVD  
HIGHLAND BEACH FL 33487

2. Principal Place of Business

120 N. Nisheet

3. Mailing Address

P.O. Box 948

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460-3456

Country

USA

Zip

33463

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1025104

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MAX E. ABAD

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ABAD, MAX E	
STREET ADDRESS	2455 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ABAD, MARIANA	
STREET ADDRESS	2455 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABAD, ROSSANA	
STREET ADDRESS	2455 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABAD, MAX JR	
STREET ADDRESS	2455 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAX E ABAD	
STREET ADDRESS	120 N. Street #E	
CITY-ST-ZIP	L.W. FL 33460-3456	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANA DE ABAD	
STREET ADDRESS	120 N. Street #E	
CITY-ST-ZIP	L.W. FL 33460-3456	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSANA ABAD	
STREET ADDRESS	120 N. Street #E	
CITY-ST-ZIP	L.W. FL 33460-3456	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAX ABAD JR.	
STREET ADDRESS	120 N. Street #E	
CITY-ST-ZIP	L.W. FL 33460-3456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01 561-582-5131

CR2E034 (10/00)