

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90147 005 ***150.00

DOCUMENT # P00000070039

1. Entity Name
MAXICOM TECHNOLOGIES, CORP.

Principal Place of Business

**120 N M STREET
 E
 LAKE WORTH FL 33460-3456**

Mailing Address

**PO BOX 943
 LAKE WORTH FL 33463**

00000040



2. Principal Place of Business

**2032 S. Military Tr.
 Suite, Apt. #, etc.**

3. Mailing Address

**2032 S. Military Tr.
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

WPB, FL 33415

City & State

WPB, FL

4. FEI Number

65-1025104

Applied For

Not Applicable

Zip

33415

Country

USA

Zip

33415

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ABAD, MAX E
 2455 S OCEAN BLVD
 HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

Name **MAX E. Abad**
 Street Address (P.O. Box Number is Not Acceptable)
2032 S. Military Tr.
 City **WPB** FL Zip Code **33415**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/03/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAX E 120 N STREET # E LAKE WORTH FL 33460-3456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ABAD, MARIANA 120 N STREET # E LAKE WORTH FL 33460-3456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, ROSSANA 120 N STREET # E LAKE WORTH FL 33460-3456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAX JR 120 N STREET # E LAKE WORTH FL 33460-3456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABAD, MAX E. 2032 S. Military Tr. WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE ABAD, Mariana 2032 S. Military Tr. WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABAD, Rossana 2032 S. Military Tr. WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABAD, MAX JR. 2032 S. Military Tr. WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 561-582-5135
 Date Daytime Phone #

CR2E034 (9/01)