

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 027 ***150.00

DOCUMENT # P01000099039
1. Entity Name
MAXIMO ISP, INC

DO NOT WRITE IN THIS SPACE

643323

2. Principal Place of Business <u>6560 NW 114TH AV.</u>		3. Mailing Address <u>6560 NW 114TH AV.</u>	
Suite, Apt. #, etc. <u>505</u>		Suite, Apt. #, etc. <u>505</u>	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33178</u>	Country <u>USA</u>	Zip <u>33178</u>	Country <u>USA</u>

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4. FEI Number <u>651146168</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>ERNESTO ESPINOSA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>6560 NW 114TH AV, UNIT 505</u>
City <u>MIAMI</u> FL Zip Code <u>33178</u>

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 Ernesto J. Espinosa DATE 4/19/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT ERNESTO ESPINOSA 6560 NW 114TH AV MIAMI, FL, 33178</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT ERNESTO ESPINOSA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY ERNESTO ESPINOSA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER ERNESTO ESPINOSA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ernesto J. Espinosa DATE 4/19/2002 DAYTIME PHONE # (305)629-8065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)