

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90566 035 ***150.00

DOCUMENT # P95000048386

1. Entity Name
MAXIMUM MORTGAGE, INC.



Principal Place of Business

**4000 HOLLYWOOD BLVD
 SUITE E350N
 HOLLYWOOD FL 33021
 US**

Mailing Address

**4000 HOLLYWOOD BLVD
 SUITE 350N
 HOLLYWOOD FL 33021
 US**

662610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0588865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PSTD** ☐ Delete
NAME **NUNZIATO, ROBERT V**
STREET ADDRESS **4000 HOLLYWOOD BLVD #350N**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
Robert Nunziato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-01

954 961 4734

Date

Daytime Phone #

0022 34 AV

CR2E034 (5/01)

Attachment
#P95 0000 4838 6
772716

MAXIMUM MORTGAGE INC.

4000 HOLLYWOOD BLVD. #350N
HOLLYWOOD, FL. 33021

Telephone 954-961-4734
Fax 954-961-7921

07-05-01

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL. 32302

TO WHOM IT MAY CONCERN:
THE ENCLOSED REPORT FORM IS THE FIRST ONE I HAVE RECIEVED THIS
YEAR. I CALLED YOUR OFFICE TODAY AND YOUR REPRESENTATIVE TOLD
ME TO SEND IN \$150.00 WITH THIS LETTER AND REPORT.

THANK YOU,


ROBERT NUNZIATO
PRESIDENT