

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90227 027 \*\*\*150.00

**DOCUMENT # P99000067181**

1. Entity Name

**MAXIM COMMUNICATIONS, CORP.**

Principal Place of Business

**8456 SHADOW COURT  
 CORAL SPRINGS FL 33071**

Mailing Address

**8456 SHADOW COURT  
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

**7810 NW 39th ST**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**Coral Springs FL**

City & State

Zip

**33065**

Country

**USA**

Country

4. FEI Number

**65-0933770**

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

**MOYA, MARCOS ANTONIO R  
 8456 SHADOW COURT  
 CORAL SPRINGS FL 33071**

Name

**MOYA, MARCOS ANTONIO R.**

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

**7810 NW 39th ST**

City

**Coral Springs**

FL

Zip Code

**33065**

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)

**02/27/01**

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	PSD	<input type="checkbox"/> Delete
NAME	MOYA, MARCOS ANTONIO R	
STREET ADDRESS	8456 SHADOW CT.	
CITY-ST-ZIP	CORAL SPRING FL 33071	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MOYA JUNIOR, MARCOS	
STREET ADDRESS	4025 W. MCNAB RD. #E-305	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MOYA REGO JR.	
STREET ADDRESS	7810 NW 39th ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, MARCOS ANTONIO R	
STREET ADDRESS	7810 NW 39th ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**02/27/01 (954) 227-8198**

Date

Daytime Phone #

CR2E034 (10/00)