FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S69910

1. Entity Name

MAXIMUM PROTECTION INSURANCE CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

1

2. Principal Place of Business	3. Mailing Address
16602 N. E. 3rd Ave.	c/o L. Williams 7161 Pembroke Rd#2
Suite, Apt. #, etc.	Suite, Apt. #, etc. #2
City & State: N. MIAMI, FL	City & State: Pembroke Pines FL
Zip: 33169 Country: Dade	Zip: 33023 Country: US

200009738322
DO NOT WRITE IN THIS SPACE
12/30/02--01065--003 **150.00

4. FEI Number 65-027788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LAURNA WILLIAMS

Street Address (P.O. Box Number is Not Acceptable): 7161 PEMBROKE RD. #2

City: PEMBROKE PINES FL Zip Code: 33023

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: Laurna Williams 8/14/02
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 Fax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Emmanuel zizi, Pres. 8407 NW 201 Terr. Miami, FL 33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marie Zizi, V.P. 8407 NW 201 Terr. Miami, FL33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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: _____ EMMANUEL ZIZI 8/14/02 954 989-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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6968

Independent Insurance Agent

MAXIMUM PROTECTION INSURANCE CONSULTANTS, INC.
P.O. BOX 68009
MIAMI, FL 33268
PH. 305-754-9090

UNION PLANTERS BANK
WEST DIXIE OFFICE
16051 W. DIXIE HWY. - NORTH MIAMI BEACH, FL. 33160
63-841/670

8-14-02

PAY TO THE ORDER OF DEPARTMENT OF STATE $ 150.00

One hundred and fifty DOLLARS

Security features included. Details on back.

MEMO CORPORATION Fee