

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **ANDREW H. ROBERTS**

*Email Contact at Filer:* **VCORTEZ@MAXILLC.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **SLOAN & ROBERTS, PLLC**

*Mailing Address:* **5151 BELT LINE ROAD, SUITE 1050**

*City, State Zip Country:* **DALLAS, TX 75254 USA**

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## DEBTOR INFORMATION

*Org. Name:* **MULTISERVICE GUATE INC**

*Mailing Address:* **773 BROAD ST**

*City, State Zip Country:* **CENTRAL FALLS, RI 02863 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MAXITRANSFERS LLC**

*Mailing Address:* **222 W LAS COLINAS BLVD. #2000**

*City, State Zip Country:* **IRVING, TX 75039 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 17766-RI

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## COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY, INCLUDING INVENTORY, FURNITURE, FIXTURES, EQUIPMENT, ACCOUNTS RECEIVABLE AND CASH, WHETHER PRESENTLY EXISTENCE OR OWNED BY THEM IN THE FUTURE, AND THE PROCEEDS THEREOF THAT ARE USED IN CONNECTION WITH ANY AND ALL OF THE BUSINESS LOCATIONS OF THE DEBTOR.