

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90032 037 \*\*\*158.75

**DOCUMENT # P00000006599**

1. Entity Name  
**MAXWELL INVESTMENT SERVICES INC.**

Principal Place of Business Mailing Address  
**13501 BUCKHORN RUN CT ORLANDO FL 32837**



2. Principal Place of Business 3. Mailing Address  
**13501 Buckhorn Run ct, orlando FL 32837-5308**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State **Orlando Florida** City & State **orlando Florida**  
 Zip **32837** Country **USA** Zip **32837** Country **USA**

DO NOT WRITE IN THIS SPACE  
**58-989-8982**

4. FEI Number **APPLIED FOR (80)** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KHURSHID, SYED**  
**13501 BUCKHORN RUN CT.**  
**ORLANDO FL 32837**

7. Name and Address of New Registered Agent  
 Name **Syed khurshid**  
 Street Address (P.O. Box Number is Not Acceptable) **13501 Buck horn ct.**  
 City **orlando** FL Zip Code **32837**

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 *Kamran Munawar* DATE **04/12/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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)   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D</b> MUNAWAR, KAMRAN	<b>13501 BUCKHORN RUN CT.</b>	<b>ORLANDO FL 32837</b>	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>R</b> President	<b>Kamran Munawar</b>	<b>13501-Buckhorn Run court,</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>ORLANDO FL 32837</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>V.PRESIDENT</b>	<b>Syed khurshid</b>	<b>13501 Buckhorn Run ct.,</b>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>orlando FL 32837</b>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 *Kamran Munawar* DATE **04/12/2002** DAYTIME PHONE # **407-252-1656**  
Signature and typed or printed name of signing officer or director

CR2E004 (9/01)