

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-05-2003 92177 013 ****80.00

DOCUMENT # L02000010704

1. Entity Name
MAVERICK MANAGEMENT & CONSULTING, LLC



Principal Place of Business
**4400 NORTH FEDERAL HIGHWAY, SUITE 307
BOCA RATON, FL 33431**

Mailing Address
**4400 NORTH FEDERAL HIGHWAY, SUITE 307
BOCA RATON, FL 33431**

44004103

2. Principal Place of Business
6025 WEST 12TH AVE
Suite, Apt. #, etc.

3. Mailing Address
6025 WEST 12TH AVENUE
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA
Zip
33012
Country
USA

City & State
MIAMI, FL
Zip
33012
Country
USA

4. FEI Number
364493190
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRUPIANO, MICHAEL
1291 NW 91ST AVE.
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name **EDUARDO MENA**
Street Address (P.O. Box Number is Not Acceptable)
6025 WEST 12TH AVENUE
City **MIAMI** State **FL** Zip **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-28-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGER	VICTOR BAUZA	5227 DEERHURST CRESENT CIRCLE	BOCA RATON, FL 33486		
MANAGER	EDUARDO MENA	6025 WEST 12 AVENUE	MIAMI, FL 33012		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **4-28-03** DAYTIME PHONE # **561-305-0349**

CR2E083 (10/02)