

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 12 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005442

1. Entity Name

Maverick Entertainment Services, LLC

Principal Place of Business

Mailing Address

c/o Mr. Paul Johnson  
1533 S.E. 9 Street, Deerfield Beach, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO Corporate Services, Inc.  
100 N.E. Third Avenue, Suite 1100  
Fort Lauderdale, FL 33301

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  
Caterina Johnson, Mgrm ☐ Delete  
1533 S.E. 9 Street  
STREET ADDRESS  
Deerfield Beach, FL 33441  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
Lisa Johnson, Mgrm ☐ Delete  
1533 S.E. 9 Street  
STREET ADDRESS  
Deerfield Beach, FL 33441  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
Frank Gonzalez, Mgrm ☐ Delete  
1533 S.E. 9 Street  
STREET ADDRESS  
Deerfield Beach, FL 33441  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
George Haddock ☐ Delete  
1533 S.E. 9 Street  
STREET ADDRESS  
Deerfield Beach, FL 33441  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 OR MANAGER

Date

Daytime Phone #

05 01 00