

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000006599**1. Entity Name
MAXWELL INVESTMENT SERVICES INC.Principal Place of Business
13501 BUCKHORN RUN CT.
ORLANDO FL 32837
Mailing Address
13501 BUCKHORN RUN CT.
ORLANDO FL 328372. Principal Place of Business
13501 BUCKHORN RUN CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State

4. FEI Number ☒ Applied For
Not ApplicableZip Country
32837

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MUNAWAR KAMRAN
13501 BUCKHORN RUN CT.ORLANDO FL
32837Name
KHURSHID SYED
Street Address (P.O. Box Number is Not Acceptable)
13501 BUCKHORN RUN 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 **SYED KHURSHID****04/26/2001**

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☐ Delete
NAME MUNAWAR KAMRAN
STREET ADDRESS 13501 BUCKHORN RUN CT.
CITY-ST-ZIP ORLANDO FL 32837TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**PRES 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)