

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90316 010 ***150.00

DOCUMENT # P00000008432

1. Entity Name

MAVERICK ESTATES, INC.

Principal Place of Business

**5820 MEDINAH WAY
ORLANDO FL 32819-4411**

Mailing Address

**5820 MEDINAH WAY
ORLANDO FL 32819-4411**

2. Principal Place of Business

HOLIDAY INN EXPRESS

3. Mailing Address

HOLIDAY INN EXPRESS

Suite, Apt. #, etc.

5225 US HWY 27 N

Suite, Apt. #, etc.

5225 US HWY 27 N

City & State

DAVENPORT FLORIDA

City & State

DAVENPORT FLORIDA

Zip

33837

Country

USA

Zip

33837

Country

USA

4. FEI Number

5936 20374

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANE, PAUL C
5301 CONROY RD, SUITE 140
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

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

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 State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	KHAWAJA, HAROON L	
STREET ADDRESS	5820 MEDINAH WAY	
CITY-ST-ZIP	ORLANDO FL 32819-4411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	KHAWAJA, HAROON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAWAJA, HAROON	
STREET ADDRESS	HOLIDAY INN EXPRESS, 5225 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT, FL 33837, USA	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHAWAJA, TARIQ LATEEF	
STREET ADDRESS	HOLIDAY INN EXPRESS, 5225 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT, FL 33837, USA	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHAWAJA, KHURRAM	
STREET ADDRESS	HOLIDAY INN EXPRESS, 5225 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT, FL 33837, USA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

863 424 2120

Daytime Phone #

CR2E034 (10/00)