

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90322 046 \*\*\*150.00

DOCUMENT # P00000008432

1. Entity Name  
MAVERICK ESTATES, INC.

Principal Place of Business

HOLIDAY INN EXPRESS  
5225 US HWY 27N  
DAVENPORT FL 33837

Mailing Address

HOLIDAY INN EXPRESS  
5225 US HWY 27N  
DAVENPORT FL 33837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HOLIDAY INN EXPRESS

3. Mailing Address

HOLIDAY INN EXPRESS

Suite, Apt. #, etc.

43824 US HWY 27

Suite, Apt. #, etc.

43824 US HWY 27

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

Zip

33837

Country

USA

Zip

33837

Country

USA

4. FEI Number

59-3620374

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

HAROON KHAWAJA

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

43824 US HWY 27

City

DAVENPORT

FL

Zip Code

33837

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

*Haroon Khawaja*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/02

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 PST  
NAME KHAWAJA, HAROON L  
STREET ADDRESS 5225 US HWY 27N  
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE D  
NAME KHAWAJA, TARIQ L  
STREET ADDRESS 5225 US HWY 27N  
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE D  
NAME KHAWAJA, KHURRAM  
STREET ADDRESS 5225 US HWY 27N  
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME KHAWAJA, HAROON  
STREET ADDRESS 43824 US HWY 27  
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 43824 US HWY 27  
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 43824 US HWY 27  
CITY-ST-ZIP DAVENPORT, FL 33837

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

407 616 6004

Daytime Phone #

CR2E034 (9/01)