

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90044 005 ***150.00

DOCUMENT # P00000014327

1. Entity Name
MAVERICK MORTGAGE, INC.

Principal Place of Business
5313 COLLINS AVENUE SUITE 408
MIAMI BEACH FL 33140

Mailing Address
5313 COLLINS AVENUE SUITE 408
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2828 CORAL WAY

3. Mailing Address
2828 CORAL WAY

Suite, Apt. #, etc.
SUITE 308

Suite, Apt. #, etc.
SUITE 308

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33145

Country
USA

Zip
33145

Country
USA

4. FEI Number
65-0980713

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOLLINGER, ROBERT
5313 COLLINS AVENUE SUITE 408
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
IRA L KAHN, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
2514 HOLLYWOOD BLVD.
SUITE 300
City
HOLLYWOOD FL **Zip Code**
33020

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 **IRA L KAHN** **1-28-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
D ☒ **Delete**
NAME
BOLLINGER, ROBERT
STREET ADDRESS
5313 COLLINS AVENUE SUITE 408
CITY-ST-ZIP
MIAMI BEACH FL 33140

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT ☐ **Change** ☒ **Addition**
NAME
JUAN SCHWARTZMAN
STREET ADDRESS
2828 CORAL WAY SUITE 308
CITY-ST-ZIP
MIAMI FLORIDA 33145

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

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

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

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

TITLE
NAME ☐ **Change** ☐ **Addition**
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: **ROBERT BOLLINGER** **1-28-02** **305-444-1533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)