

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000049917**

1. Entity Name

Maitland Ave, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 27 PM 1:24

DO NOT WRITE IN THIS SPACE

700021270287
07/02/03--01030--019 **150.00

2. Principal Place of Business

P.O. Box 1751

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1751

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

59-3322725

Applied For

Not Applicable

Zip

Country

32704

Zip

Country

32704

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jamal, Akber M

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

3015 Windchime Cir West

City

Apopka,

FL

Zip Code

32703

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IN THIS SPACE**

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

6-27-03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. **PSD** OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAMAL, Akber. M,
3015 Windchime Cir W
Apopka, FL 32703**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-27-03

CR2E034B (12/01)

6.27-03

To whom it may concern,

I did not recieve any notices for the
year 2003. (ASK of orlando, Inc, Alysha Enterprises &
Big K, Inc, Maitland Ave, Inc.)

I did not recieve any notices for the
years 2001, 2002, 2003, for Wynore Edeywin
Jude

Al Jarama