

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060756

1. Entity Name

MAVERICK CONSULTING, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90021 011 ***150.00

Principal Place of Business

Mailing Address

306 S.W. 10TH AVE.
FT. LAUDERDALE FL 33312
US

C/O ACCT & BUS. CONS.
17 ROSE DRIVE
FT. LAUDERDALE FL 33316-1041
US

00010000

2. Principal Place of Business

2371 SW 15th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

65-0599243

Applied For

Not Applied For

Zip

33315

Country

US

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

MAURICE, MARK A
306 S.W. 10TH AVE.
FT. LAUDERDALE FL 33312

Name

Maurice, Mark A.

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

2371 SW 15th Ave

City

Ft. Lauderdale

FL

Zip Code

33315

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

1/31/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MAURICE, MARK A
CITY-ST-ZIP 306 S.W. 10TH AVE.
FT. LAUDERDALE FL 33312

TITLE ☒ Change ☐ Additio
NAME
STREET ADDRESS 2371 SW 15th Ave
CITY-ST-ZIP Ft. Lauderdale, FL 33315

TITLE ☐ Delete
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TITLE ☐ Change ☐ Additio
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TITLE ☐ Change ☐ Additio
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

Date

Daytime Phone #

1/31/2000