03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 22 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322767

1. Entity Name
RICHARD MAHLARIAN + CO., INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7971 NW 76 AVE	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Medley, FL	City & State
Zip: 33166 Country: US	Zip Country

4. FEI Number: 59-1195019 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KIM E. OLIVEROS

Street Address (P.O. Box Number is Not Acceptable):
7971 NW 76 AVE

City: Medley FL Zip Code: 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: KimE. Oliveros — 4-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	PRES, SEC, TREASURER
NAME	KIM OLIVEROS
STREET ADDRESS	7971 NW 76 AVE
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	V.P.
NAME	DANIEL OLIVEROS
STREET ADDRESS	7971 NW 76 AVE
CITY-ST-ZIP	MEDLEY, FL 33166
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NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: KimE. Oliveros, KIM E. OLIVEROS — 4-16-03 — 305 884-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #