# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 28, 2001 8:00 am**
**Secretary of State**
02-28-2001 90105 039 ***150.00

DOCUMENT # 600205

1. Entity Name
ROBERT H. MALINER, P.A.

Principal Place of Business
5012 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

Mailing Address
5012 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1026300 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**
MALINER, ROBERT
5012 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

**7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

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, 2001 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 | PSD ☐ Delete |
| NAME | MALINER, ROBERT |
| STREET ADDRESS | 5012 HOLLYWOOD BLVD. |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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 H. Maliner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/01

Daytime Phone # 954 966-7000