## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0300091110



PILEDE FARY OF STATE PYSION OF CORPORATION

Malca-Amit Armored, Inc.				U4 JAN 28 PM 4: 13	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3. Mailing Address 36 N.E. 15T St. 153-66 Rock			kaway Blud.		
(Suite, Apt. #, etc. (Seybold Building) Suite, Apt. #, etc.			<del></del>	DO NOT WRITE I	IN THIS SPACE
City & State	· -	City & State Tampica N	<u> </u>	4. FEI Number	Applied For
Miam	Country	Zip	Country	11 - 3520305  5. Certificate of Status Desired	Not Applicable   \$8.75 Additional
3313	2 Dade	11434	Queens	Name and Address of Current Re	Fee Required
en e	DO NOT WI		1200	Corporation System (P.O. Box Number is Not Acceptable) South Pine Isla ntation	
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.  C T Corporation System  Robin LaPeters, Asst. Secy.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstaling)  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				Election Campaign Finant     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Direct Robert E. Przywara 580 Fifth Avenue New York, NY 1003	to	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000283 02/06/0401011-	15868 001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Singh 153-66 Rockaway Bl Jamaica NY 114		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Trea Shmuel Alon 580 Fifth Avenue New York, NY 100	36	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT V	VRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOLVICE Presid Frederick J. Zeni 153-66 Rockeway Tamaica, NY 114	ent Blvd.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-ZIP			TITLE NAME STREET ADDRESS GITY-ST-ZIP		-
12. I hereby of indicated of the corrattachmen	certify that the information supplied with on this report or supplemental report is poration or the report or trustee emp nt with an address. With all other like em	this filing does not qualify for true and accurate and that m swered to execute this report powered.	the exemption stated in S y signature shall have th as:required by Chapter	Section 119.07(3)(i), Florida Statutes. I fue a same legal effect as if made under oal 607, Florida Statutes; and that my name	urther certify that the information th; that I am an officer or director e appears in Block 10 or on an

Mobert E. Przywara, President GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR