

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90218 046 ***150.00

DOCUMENT # 508725

1. Entity Name
MALIN REALTY, INC.

Principal Place of Business

2600 DOUGLAS RD.
~~STE 911~~ **SUITE 908**
CORAL GABLES FL 33134
US

Mailing Address

2600 DOUGLAS RD.
~~STE 911~~ **SUITE 908**
CORAL GABLES FL 33134
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 908

Suite, Apt. #, etc.

SUITE 908

City & State

City & State

4. FEI Number **59-1713314**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

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

LUSTIG, ROY R.
2600 DOUGLAS RD.
~~611 DOUGLAS CENTER~~
CORAL GABLES FL 33134

Name

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

SUITE 908

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 fee 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, 2002 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 **PD**
 NAME **MALIN, HAROLD M.**
 STREET ADDRESS **5900 PARADISE POINT DR.**
 CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **VD**
 NAME **LUSTIG, ROY R.**
 STREET ADDRESS **2600 DOUGLAS RD., DOUGLAS CENTRE**
 CITY-ST-ZIP **CORAL GABLES FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS **2600 Douglas Road SUITE 908**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS **SUITE 908**
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)