

2001 UNIFORM BUSINESS REPORT (UBR)

0014202 AF

DOCUMENT # **A22449**

1. Entity Name

MALT BROTHERS 1 LTD.

Principal Place of Business
**1430 ROYAL PLM SQUARE BLVD.
 SUITE 101
 FT. MYERS FL 33919
 US**

Mailing Address
**1430 ROYAL PLM SQUARE BLVD.
 SUITE 101
 FT. MYERS FL 33919
 US**

FILED

01 MAR -8 AM 11:05

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2671677**

Applied For
 Not Applicable

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

**MALT, DAVID G.
 1430 ROYAL PLM SQUARE BLVD.
 SUITE 101
 FT. MYERS FL 33919**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$266,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #		STREET ADDRESS	
NAME	MALT, ROBERT C.	CITY-ST-ZIP	
STREET ADDRESS	1430 ROYAL PLM SQUARE BLVD.		
CITY-ST-ZIP	FT. MYERS FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME	MALT, DAVID G.	CITY-ST-ZIP	700003831177--8
STREET ADDRESS	1430 ROYAL PLM SQUARE BLVD.		-03/12/01--01121--014
CITY-ST-ZIP	FT. MYERS FL 33919		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/04

Date

941-936-6724

Daytime Phone #

CR2E003 (11/00)