

001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0008701 AF

DOCUMENT # A99000000126

1. Entity Name

MALLORY DEVELOPMENT, LTD.

01 MAY -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1801 SOUTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33483

Mailing Address

1801 SOUTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33483

2. Principal Place of Business

400 E. Linton Blvd
Suite G-3
City & State
Delray Beach, FL
Zip
33483

3. Mailing Address

400 E. Linton Blvd
Suite G-3
City & State
Delray Beach, FL
Zip
33483

4. FEI Number

65-0889253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERBER, RICHARD
6111 BROKEN SOUND PARKWAY, N.W.
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
CHARLES POSTERNAK
Street Address (R.O. Box Number is Not Acceptable)
400 EAST LINTON BLVD # G-3
Suite G-3
City
Delray Beach FL Zip Code
33483

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

Charles Posternak

Signature, typed or printed name of registered agent and title if applicable.

(NO Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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

DOCUMENT # P99000005663
NAME MALLORY DEVELOPMENT, INC.
STREET ADDRESS 1801 SOUTH FEDERAL HIGHWAY, SUITE 202
CITY-ST-ZIP BOCA RATON FL 33483

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 400 EAST LINTON BLVD # G-3
CITY-ST-ZIP Delray Beach, FL 33483

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 9000004288289--5
CITY-ST-ZIP -05/22/01--01127--024
*****526.25 *****526.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

Charles Posternak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)