

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90025 026 \*\*\*150.00

**DOCUMENT # F71648**

1. Entity Name

**MALCOLM, INC.**

Principal Place of Business

Mailing Address

2050 SWEETRAY WAY  
 HOLLYWOOD FL 33019  
 US

POB 21367  
 FT LAUD FL 33335-1367  
 US

902420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2050 Sweetray Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 Hollywood

City & State

FL

City & State

4. FEI Number

59-2165213

Applied For

Not Applicable

Zip

33019

Country

US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.  
 100 N.E. THIRD AVE., STE. 1100  
 FORT LAUDERDALE FL 33301

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, 2000 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	DST	<input type="checkbox"/> Delete
NAME	MALCOLM, RICHARD	
STREET ADDRESS	2050 SWEETRAY WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PO	<input type="checkbox"/> Delete
NAME	MALCOLM, JAMES A III	
STREET ADDRESS	2050 SWEETRAY WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALCOLM, AMANDA	
STREET ADDRESS	2050 SWEETRAY WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete duplicate?
NAME	MALCOLM, AMANDA	
STREET ADDRESS	2050 SWEETRAY WAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, RICHARD	
STREET ADDRESS	2050 Sweetbay Way	✓ correction
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	PO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, JAMES A III	
STREET ADDRESS	2050 Sweetbay Way	✓ correction
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, AMANDA	
STREET ADDRESS	2050 Sweetbay Way	✓ correction
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard Malcolm*  
 RICHARD MALCOLM

Date

1/10/00

Daytime Phone #

(954) 684-3300

CR2E034 (9/99)