

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31389

1. Entity Name

MALIBU ESTATES, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90198 003 \*\*\*150.00

Principal Place of Business 2460 TESORO COURT KISSIMMEE FL 34744	Mailing Address 2460 TESORO COURT KISSIMMEE FL 34744-3924
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2. Principal Place of Business 2460 TESORO CT Suite, Apt. #, etc.	3. Mailing Address 2460 TESORO CT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State KISSIMMEE FL	City & State KISSIMMEE FL	4. FEI Number 59-2293301	Applied For <input type="checkbox"/> Not Applicable
Zip 34744	Country Osceola	Zip 34744	Country Osceola

6. Name and Address of Current Registered Agent GONZALEZ, FRANCISCO 2460 TESORO COURT KISSIMMEE FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, FRANCISCO 2460 TESORO COURT KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, DARIO CARRERA 69C #3021 MEDELLIN COLUMBIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Francisco Gonzalez 4/26/00 407-3454654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)