

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87053

1. Entity Name

MALWIN ELECTRONICS CORP.

Principal Place of Business

106 COMMERCE WAY
STE 81
JUPITER FL 33458
US

Mailing Address

106 COMMERCE WY
SUITE B1
JUPITER FL 33458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2635751

Applied For
Not Applicable

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

HAP, JEFFREY ESQ
341 W INDIANTOWN RD
6390 INDIANTOWN ROAD
JUPITER FL 33458

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
WEBER, GIFFORD A.
3822 LONGVIEW COURT
JUPITER FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WEBER, BERNADETTE M
3822 LONGVIEW COURT
JUPITER FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JOHN R WAGNER
304 WILSON ST.
SADDLE BROOK NJ

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GIFFORD A. WEBER

Date

01/09/01

Daytime Phone #

(561) 748 6080

CR2E034 (10/00)

0315817

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90076 031 ***150.00



DO NOT WRITE IN THIS SPACE