

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90064 035 ***150.00

MA110 AV

DOCUMENT # K72085

1. Entity Name

MALER AMERICAN CORP.

Principal Place of Business

**423 S. 24TH AVE
 HOLLYWOOD FL 33020
 US**

Mailing Address

**423 S 24TH AVE
 HOLLYWOOD FL 33020
 US**

2. Principal Place of Business

3. Mailing Address

10711 S.W. 10 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie, FL

Zip

Country

Zip

Country

33324

U.S.A.

4. FEI Number

65-0118502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUGGLES, JOHN F
 423 S. 24TH AVE.
 HOLLYWOOD FL 33020**

Name

Ruggles, John F.

Street Address (P.O. Box Number is Not Acceptable)

10711 S.W. 10th Ct.

Davie, FL 33324

City

Davie,

FL

Zip Code

33324

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 **John F. Ruggles/STD**
 Signature, typed or printed name of registered agent and title, if applicable.

John F. Ruggles
 NOTE: Registered Agent signature required when reinstating)

11 March 02
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **RUGGLES, JOHN**
 CITY-ST-ZIP **423 SOUTH 24TH AVE.
 HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PV**
 STREET ADDRESS **RUGGLES, JOHN**
 CITY-ST-ZIP **423 SOUTH 24TH AVE.
 HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *John F. Ruggles* **John F. Ruggles STD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 March 02 (959) 579 9358
 Date Daytime Phone #

CR2E034 (9/01)