

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92357

1. Entity Name

MALL ONE INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90009 031 ***150.00

Principal Place of Business

Mailing Address

% ANTHONY J DIFRANCO
4691 N. UNIVERSITY DRIVE. #325
CORAL SPRINGS FL 33067

% ANTHONY J DIFRANCO
4691 N. UNIVERSITY DRIVE. #325
CORAL SPRINGS FL 33067-4620

2. Principal Place of Business

7522 WILES RD

3. Mailing Address

7522 WILES RD.

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

City & State
Coral Springs, Fla.

City & State
CORAL SPRINGS, FLA.

4. FEI Number

65-0132478

Applied For

Not Applicable

Zip
33067

Country

USA

Zip

33067

Country

USA

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

DIFRANCO, ANTHONY J.
4691 N UNIVERSITY DR
#325
CORAL SPRINGS FL 33067

Name **DIFRANCO, ANTHONY J. (NEW ADD.)**
Street Address (P.O. Box Number is Not Acceptable) **ONLY**

7522 WILES RD. #106

City **CORAL SPRINGS** FL Zip Code **33067**

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 **X**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DIFRANCO, ANTHONY J.	
STREET ADDRESS	4691 N UNIVERSITY DR 325	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7522 WILES RD #106	
CITY-ST-ZIP	CORAL SPRINGS, FLA 33067	
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		
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-00

Date

(954) 385-5220

Daytime Phone #

CR2E034 (9/99)