

# 2001 UNIFORM BUSINESS REPORT (UBR)

000117 AF

DOCUMENT # L00000007718

1. Entity Name

MALIA MILLS MIAMI, LLC

FILED

01 OCT -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

610 COLLINS AVENUE, UNIT 3  
MIAMI BEACH FL 33139

Mailing Address

610 COLLINS AVENUE, UNIT 3  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

255 W. 36th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th Flr.

City & State

City & State

New York NY

Zip

Country

Zip

Country

10018

USA

4. FEI Number

65-1023914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, BELINDA  
610 COLLINS AVENUE  
MIAMI BEACH FL 33139

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

400004628754--2

--10/09/01--01044--019--

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
STREET ADDRESS Carol Mills, MGRM  
CITY-ST-ZIP 255 W. 36th St 8th Flr.  
New York, NY 10018

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Carol Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08/28/01

212-563-4006

Date

Daytime Phone #

144

CR2E083 (11/00)