

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90118 013 \*\*\*150.00

**DOCUMENT # L81852**

1. Entity Name

**MALONEY BALLROOM DANCE SHOES, INC.**

Principal Place of Business

**398 N.E. 6TH AVE.  
DELRAY BEACH FL 33483  
US**

Mailing Address

**398 N.E. 6TH AVE.  
DELRAY BEACH FL 33483  
US**

2. Principal Place of Business

**12520 OAK ARBOR LN 12520 OAK ARBOR LN**

3. Mailing Address

**12520 OAK ARBOR LN**

Suite, Apt. #, etc.

**Boynton Bch**

Suite, Apt. #, etc.

**Boynton Bch**

City & State

**FL**

City & State

**FL**

Zip

**33436**

Country

**USA**

Zip

**33436**

Country

**USA**

6. Name and Address of Current Registered Agent

**MALONEY, CATIA  
398 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **MALONEY, CATIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**12520 OAK ARBOR LN**  
**Boynton Bch**  
City **FL** Zip Code **33436**

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

*Catia Maloney Registered agent*

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	P	<input type="checkbox"/> Delete
NAME	<b>MALONEY, CATIA</b>	
STREET ADDRESS	<b>398 NE 6TH AVENUE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>MALONEY, DANIEL</b>	
STREET ADDRESS	<b>398 NE 6TH AVENUE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONEY CATIA</b>	
STREET ADDRESS	<b>12520 OAK ARBOR LN</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONEY DANIEL</b>	
STREET ADDRESS	<b>12520 OAK ARBOR LN</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>	
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:

*Catia Maloney Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-19-01**

Daytime Phone #

**561**

**499-6702**

CR2E034 (10/00)