

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90143 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L98383

1. Entity Name
MALTESE, INC.



Principal Place of Business

~~2600 DOUGLAS RD~~

~~PH 6~~

~~CORAL GABLES, FL 33134~~ US

Mailing Address

~~2600 DOUGLAS RD~~

~~PH 6~~

~~CORAL GABLES, FL 33134~~ US

2. Principal Place of Business

2121 Ponce de Leon Blvd
Suite, Apt. #, etc.
330

City & State
Coral Gables, FL

Zip
33134

Country
USA

3. Mailing Address

2121 Ponce de Leon Blvd
Suite, Apt. #, etc.
330

City & State
Coral Gables, FL

Zip
33134

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0221755

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL

~~2600 DOUGLAS RD~~

~~PH 6~~

~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name

Michael Ortiz

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

2121 Ponce de Leon Blvd.

Ste 330

City

Coral Gables

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typewritten printed name of registered agent and title if applicable.

Michael Ortiz

3/7/03

DATE

(NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ORTIZ, MICHAEL

STREET ADDRESS ~~2600 DOUGLAS RD PH 6~~

CITY-ST-ZIP ~~CORAL GABLES, FL 33134~~

TITLE S ☐ Delete
NAME BENITEZ, LISSETTE

STREET ADDRESS ~~2600 DOUGLAS RD PH 6~~

CITY-ST-ZIP ~~CORAL GABLES, FL 33134~~

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Michael Ortiz

STREET ADDRESS 2121 Ponce de Leon Blvd, Ste 330

CITY-ST-ZIP Coral Gables, FL 33134

TITLE S ☒ Change ☐ Addition
NAME Lissette Benitez

STREET ADDRESS 2121 Ponce de Leon Blvd, Ste 330

CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz, President 3/6/03

Date

Daytime Phone #

(305) 476-5270

CR2E034 (10/02)