

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01050

1. Entity Name

MALU ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9331 NW 121 TERRACE
HIALEAH FL 33018

9331 NW 121 TERRACE
HIALEAH FL 33018

2. Principal Place of Business

3. Mailing Address

3250 NW 83 ST.

3250 NW 83 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL 33147

MIAMI, FL 33147

Zip

Country

Zip

Country

33147

USA

33147

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANO, EDUARDO J.
711 E. 12 PLACE
HIALEAH FL 33010

Name

SALDANAS, NEMROD M

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

9439 FONTAINEBLEAU BLVD #103

City

MIAMI

FL

Zip Code

33147

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/21/00
DATE

9. This corporation is eligible to satisfy its Intangible

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SALDANAS, NEMROD M
9439 FONTAINEBLEAU BLVD #103
MIAMI FL 33144 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GHISAYS, LASSY
9439 FONTAINEBLEAU BLVD
MIAMI FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
GRANADOS, RAUL
115 SW 116 AVE
MIAMI FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SALDANAS, LASSY
13700 SW 62 ST #107 107
MIAMI FL 33183 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEMROD M. SALDANAS 3/21/01

Date

305-382-0514

Daytime Phone #

0101464

CR2E034 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90283 018 ***150.00

C0039733



DO NOT WRITE IN THIS SPACE