

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 047 ***158.75

DOCUMENT # M37864

1. Entity Name

MALAR CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

771 N.W. 22ND ROAD
 FT. LAUDERDALE FL 33311-6884

771 N.W. 22ND ROAD
 FT. LAUDERDALE FL 33312-2175

A0000704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

665 S.W. 27th Av
 Suite, Apt. #, etc.
12

3. Mailing Address

665 S.W. 27th Av
 Suite, Apt. #, etc.
12

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale, FL

Zip
33312-2175

Country
Broward

Zip
33312-2175

Country
Broward

4. FEI Number

59-2713202

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LARKINS, E. PAT
771 N.W. 22ND ROAD
FT. LAUDERDALE FL

665 S.W. 27th Av. #12
Ft Lauderdale,
FL 33312

7. Name and Address of New Registered Agent

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LARKINS, E. PAT	
STREET ADDRESS	1534 N.W. 4TH AVE.	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MADOO, EZEKIAL	
STREET ADDRESS	1620 S.W. 67 AVENUE	
CITY-ST-ZIP	PLANTATION 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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			
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:

Ezekiel I. Madoo
EZEKIEL I. MADOO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

954-799-7675

Daytime Phone #