

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002278**

1. Entity Name

MALTA HOUSE, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90038 046 ****61.25

Principal Place of Business

**800 DOUGLAS RD
STE 340
MIAMI FL 33134**

Mailing Address

**24 DOCKSIDE LN
OCEAN REEF CLUB #452
KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0416447

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARNEY, THOMAS F JR
1101 N. CONGRESS AVENUE
SUITE 200
BOYNTON BEACH FL 33426**

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

1-23-01**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **P** ☐ Delete
STREET ADDRESS **SMITH, HERSEL F JR.
24 DOCKSIDE LN # 452**
CITY-ST-ZIP **KEY LARGO FL 33037**TITLE
NAME **Area Chairman** ☐ Change ☒ Addition
STREET ADDRESS **Frank Crippen
13662 Deering Bay Drive**
CITY-ST-ZIP **Coral Gables, FL 33158**TITLE
NAME **S** ☐ Delete
STREET ADDRESS **CARNEY, ALICE
1033 WATERWAY LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**TITLE
NAME **Yvelise Bosh** ☐ Change ☒ Addition
STREET ADDRESS **720 Palm Bay Lane, Apt. 21N**
CITY-ST-ZIP **Miami, FL 33138**TITLE
NAME **D** ☐ Delete
STREET ADDRESS **FLOOD, THOMAS J
17 NURMI DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE
NAME **Rev. Dr. Patrick H. O'Neill** ☐ Change ☒ Addition
STREET ADDRESS **8901 Dickens Avenue**
CITY-ST-ZIP **Miami Beach, FL 33154**TITLE
NAME **AS** ☐ Delete
STREET ADDRESS **CARNEY, THOMAS F JR.
811 GEORGE BUSH BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**TITLE
NAME **Mark Wolff** ☐ Change ☒ Addition
STREET ADDRESS **333 University Drive, Suite 109**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE
NAME **D** ☐ Delete
STREET ADDRESS **FLOOD, SARA
17 NURMI DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE
NAME **Michael O'Higgins** ☐ Change ☒ Addition
STREET ADDRESS **300 71st Street**
CITY-ST-ZIP **Miami Beach, FL 33141**TITLE
NAME **D** ☐ Delete
STREET ADDRESS **KAYAL, LORRAINE
6850 SW 99 TERR**
CITY-ST-ZIP **MIAMI FL 33156**TITLE
NAME **Frank Nolan** ☐ Change ☒ Addition
STREET ADDRESS **851 N.E. 70th Street**
CITY-ST-ZIP **Boca Raton, FL 33487**

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 617, 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: **2001-AT-388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01**(305) 443-3888**

CR2E037 (10/00)