

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90014 020 ***150.00

DOCUMENT # P00000051413

1. Entity Name

ST MALO CORP.

Principal Place of Business

**2875 NE 191 STREET PH 3A
AVENTURA FL 33180**

Mailing Address

**2875 NE 191 STREET PH 3A
AVENTURA FL 33180**

2. Principal Place of Business

**3440 HOLLYWOOD BLVD, STE 360
Suite, Apt. #, etc. STE 360**

3. Mailing Address

**3440 HOLLYWOOD BLVD, STE 360
Suite, Apt. #, etc. STE 360**



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL 33021

City & State
HOLLYWOOD, FL 33021

4. FEI Number
65-1016945

Applied For
☐ Not Applicable

Zip
33021

Country
USA

Zip
33021

Country
USA

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


6. Name and Address of Current Registered Agent

**ROUSSO, MARK E
2875 NE 191 STREET PH 3A
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name
MARK E. ROUSSO, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD, STE 360
City
HOLLYWOOD, FL Zip Code
33021

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  DATE **2/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD UCHITEL, RAUL ANGEL 2875 NE 191 STREET PH 3A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DE UCHITEL, ALICIA ESTER P 2875 NE 191 STREET PH 3A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **UCHITEL RAUL ANGEL** DATE **2/7/01** (305) 466-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)