

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90034 025 \*\*\*150.00

DOCUMENT # P00000095022

1. Entity Name

MALACHI MANAGEMENT CORP.

Principal Place of Business

239 HUNTERS POINT TR  
LONGWOOD FL 32779

Mailing Address

239 HUNTERS POINT TR  
LONGWOOD FL 32779

2. Principal Place of Business

919 W. STATE ROAD 436

Suite, Apt. #, etc.

#240

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

3. Mailing Address

919 W. STATE ROAD 436

Suite, Apt. #, etc.

#240

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

4. FEI Number

59-3674767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUAILS, JOE

239 HUNTERS POINT TR  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

919 W. STATE ROAD 436

#240

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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

1/11/01

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	D	<input type="checkbox"/> Delete
NAME	QUAILS, JOE	
STREET ADDRESS	239 HUNTERS POINT TR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZENT, MICHAEL	
STREET ADDRESS	239 HUNTERS POINT TR	
CITY-ST-ZIP	LONGWOOD FL 32779	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	919 W. STATE ROAD 436, #240	
STREET ADDRESS	ALTAMONTE SPRINGS, FL	
CITY-ST-ZIP	32714	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	919 W. STATE ROAD 436, #240	
STREET ADDRESS	ALTAMONTE SPRINGS, FL	
CITY-ST-ZIP	32714	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

407-389-9697

Daytime Phone #

CR2E034 (10/00)