

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90163 003 \*\*\*150.00

**DOCUMENT # P01000005683**

**1. Entity Name**  
**MALLAH, BLAKER & ARONOWITZ, P.A.**

**Principal Place of Business**

**1111 LINCOLN RD**  
**SUITE 802**  
**MIAMI BEACH FL 33139**

**Mailing Address**

**1111 LINCOLN RD**  
**SUITE 802**  
**MIAMI BEACH FL 33139**

**2. Principal Place of Business**

**15500 New Barn Rd.**  
**Suite, Apt. #, etc.**  
**Suite 207**

**3. Mailing Address**

**15500 New Barn Rd**  
**Suite, Apt. #, etc.**  
**Suite 207**

**City & State**  
**Miami Lakes, Fla.**

**City & State**  
**Miami Lakes, Fla.**

**4. FEI Number**  
**65-1072796**

**Applied For**  
**Not Applicable**

**Zip**  
**33014**

**Country**  
**USA**

**Zip**  
**33014**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**FILINGS, INC.**  
**3732 NW 18TH ST**  
**FT LAUDERDALE FL 33311**

**7. Name and Address of New Registered Agent**

**Name**  
**Jeffrey A. Blaker**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**15500 New Barn Rd #207**  
**City** **Miami Lakes** **FL** **Zip Code** **33014**

**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** *Jeffrey A. Blaker* **Jeffrey A. Blaker**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**  
**1/11/02**

**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, 2002 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>MALLAH, JOHN</b> <b>1111 LINCOLN RD SUITE 802</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BLAKER, JEFFREY</b> <b>1111 LINCOLN RD SUITE 802</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>ARONOWITZ, JUDD</b> <b>1111 LINCOLN RD SUITE 802</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, P</b> <b>John D. Mallah</b> <b>15500 New Barn Rd. #207</b> <b>Miami Lakes, FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, V, P</b> <b>Jeffrey A. Blaker</b> <b>15500 New Barn Rd. #207</b> <b>Miami Lakes, FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, S</b> <b>Judd Aronowitz</b> <b>15500 New Barn Rd. #207</b> <b>Miami Lakes, FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, T</b> <b>Shirley Starling</b> <b>15500 New Barn Rd. #207</b> <b>Miami Lakes, FL 33014</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *Jeffrey A. Blaker* **Jeffrey A. Blaker, Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** **1/11/02** **DAYTIME PHONE #** **(305) 698-9939**

CR2E034 (9/01)