

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90259 035 ***150.00

DOCUMENT # P01000005683

1. Entity Name

MALLAH, BLAKER, & STARLING, P.A.



Principal Place of Business

**15500 NEW BERN ROAD
STE 207
HIALEAH FL 33014**

Mailing Address

**15500 NEW BERN ROAD
STE 207
HIALEAH FL 33014**

2. Principal Place of Business

15500 NEW BARN ROAD
Suite, Apt. #, etc.

Suite 207

City & State

Miami Lakes FL

Zip

33014

Country

USA

3. Mailing Address

15500 NEW BARN ROAD
Suite, Apt. #, etc.

Suite 207

City & State

Miami Lakes FL

Zip

33014

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1072796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIR, JEFFERY

155000 NEW BERN ROAD

HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

SHIRLEY P. STARLING

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

15500 NEW BARN ROAD, SUITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-14-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **MALLAH, JOHN**
STREET ADDRESS **15500 NEW BERN RD STE 204**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **DVP** ☒ Delete

NAME **BLAKER, JEFFREY**
STREET ADDRESS **15500 NEW BERN RD STE 207**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **DS** ☒ Delete

NAME **ARONOWITZ, JUDD**
STREET ADDRESS **15500 NEW BERN ROAD**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **DT** ☐ Delete

NAME **STARLING, SHIRLEY**
STREET ADDRESS **15500 NEW BERN ROAD STE 207**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SHIRLEY STARLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-03

305.698.9939

Date

Daytime Phone #

CR2E034 (10/02)