

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-12-2002 90269 014 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101778	
1. Entity Name MALAM, INC.	
Principal Place of Business POST OFFICE BOX 830605 MIAMI FL 33283	Mailing Address POST OFFICE BOX 830605 MIAMI FL 33283



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1149120		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARTEAGA, AURELIO 7761 S.W. 122ND AVE MIAMI FL 33183		
7. Name and Address of New Registered Agent Name Arteaga, Aurelio Street Address (P.O. Box Number is Not Acceptable) 7761 SW 122 Ave City Miami FL Zip Code 33183		

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 *Aurelio Arteaga* **2/26/02**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTEAGA, AURELIO 7761 S.W. 122ND AVE MIAMI FL 33183 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Arteaga, Aurelio Post Office Box 830605 Miami, FL 33283 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Aurelio Arteaga* **2/26/02 305-412-5445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)