

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000000032**

1. Entity Name

MALVAMART ENTERPRISES CORP.

Principal Place of Business

**9801 COLLINS AVE STE 7-T
MIAMI FL 33154**

Mailing Address

**9801 COLLINS AVE STE 7-T
MIAMI FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALVARO, MARIANO

9801 COLLINS AVE STE 7-T

MIAMI FL 33154

4. FEI Number

30-0009499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**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

TITLE **MD** ☒ Delete
NAME **ALVARO, MARIANO**
STREET ADDRESS **9801 COLLINS AVE STE 7-T**
CITY-ST-ZIP **MIAMI FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Change ☐ Addition
NAME **ALVARO, Geraldine S**
STREET ADDRESS **8277 SW 128 Street, Apt. 128**
CITY-ST-ZIP **Miami, FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 27. 2002

Date

305 235 8387

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90118 009 ***150.00

37206



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)