

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90223 009 \*\*\*150.00

**DOCUMENT # P02000001911**

**1. Entity Name**  
**MALBEC (FLORIDA), INC.**



**Principal Place of Business**  
**C/O THE LAW OFFICES OF MICHAEL O'KANE**  
**3172 GIFFORD LN.**  
**MIAMI FL 33133**

**Mailing Address**  
**C/O THE LAW OFFICES OF MICHAEL O'KANE**  
**3172 GIFFORD LN.**  
**MIAMI FL 33133**

**2. Principal Place of Business**  
**6767 Collins Ave.**

**3. Mailing Address**  
**6767 Collins Ave.**

**Suite, Apt. #, etc.**  
**401**

**Suite, Apt. #, etc.**  
**401**

**City & State**  
**Miami Beach**

**City & State**  
**Miami Beach**

**Zip**  
**33141**

**Country**  
**Dade-USA**

**Zip**  
**33141**

**Country**  
**Dade-USA**

**4. FEI Number**

☒ Applied For  
☒ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**O'KANE, MICHAEL**  
**3172 GIFFORD LN.**  
**MIAMI FL 33133**

## 7. Name and Address of New Registered Agent

**Name**  
**Michael O'Kane**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6767 Collins Ave. #401**  
**City** **Miami Beach** **FL** **Zip Code** **33141**

**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**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-12-2003**

**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** ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>O'KANE, MICHAEL</b> <b>3172 GIFFORD LN.</b> <b>MIAMI FL 33133</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
<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

## 11. 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</b> <b>Michael O'Kane</b> <b>6767 Collins Ave. #401</b> <b>Miami Beach, FL 33141</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
<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
<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

**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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-2003**

CR2E034 (10/02)