

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 046 ***150.00

DOCUMENT # P02000033148

1. Entity Name
MALIA CONSULTING, INC.



Principal Place of Business
**937 SW LIGHTHOUSE DRIVE
PALM CITY FL 34990**

Mailing Address
**937 SW LIGHTHOUSE DRIVE
PALM CITY FL 34990**

2. Principal Place of Business
1735 W. HATTERAS COURT
Suite, Apt. #, etc.

3. Mailing Address
1735 W. HATTERAS COURT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PALM CITY, FLORIDA
Zip Country
34990-4325 U.S.A.

City & State
PALM CITY, FLORIDA
Zip Country
34990-4325 U.S.A.

4. FEI Number
02-0577766

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KAUFMAN, CHERYL J
2301 SUNSET DRIVE
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Robert J. Malia**
Street Address (P.O. Box Number is Not Acceptable)
1735 W. HATTERAS COURT
City **Palm City** FL Zip Code **34990**

I, 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 *Robert J. Malia*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/03
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D MALIA, ROBERT J 937 SW LIGHTHOUSE DRIVE PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIA, ROBERT J. 1735 W. HATTERAS COURT PALM CITY, FLA. 34990-4325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Robert J. Malia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/03
Date

772-220-9643
Daytime Phone #

CR2E034 (10/02)