

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90043 012 ***150.00

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

DOCUMENT # P02000049971

1. Entity Name
MALINC INTERNATIONAL CORP.



90100539

Principal Place of Business
321 HILTON AVE.
SUITE 8
MIAMI BEACH, FL 33139

Mailing Address
321 JEFFERSON AVE.
SUITE 8
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-044674L

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COELHO, ROBSON S
168 SE 1ST STREET
SUITE 1108
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of this statement.

SIGNATURE

Robson S. Coelho

03/27/2003

(Signature of individual named agent and date of signature)

(NOTE: Registered Agent's signature required when instituting)

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 Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVSN COELHO, ROBSON S 1600 BAY ROAD #014 MIAMI BEACH, FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT ROBSON S. COELHO 321 JEFFERSON AVE. # 8 MIAMI BEACH, FL - 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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, in an attachment with my signature, with all other like empowered.

SIGNATURE

Robson S. Coelho

03/25/2003

(305) 318-7268

(Signature and printed name of signing officer in declaration)

Date

Phone Number

CIT2003410021