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

## DOCUMENT #

P02000074558

1. Entity Name

MALZHEK, CORP.



**FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91875 002 \*\*\*150.00

Principal Place of Business C/O ROTH. ROUSSO & DARRACH. P.A. 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021			C/O F 3440	Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD FL 33021							
2. Principal Place of Business				3. Mailing Address					L 18611861 IM BRITO FILITI BRITI BRITI BRITI BRITI BRITI 18611 BIBBI RHAF BITAF HATI 1861		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State				& State			4. FEI Number 47 - 087 3437 Applied For Not Applicable				
Zip Country					Coun	Country		<b>5</b> . Ce	ertificate of Status Desired		
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent				
DOTH LEGNADO A						Name ,					
ROTH, LEONARD A C/O ROTH, ROUSSO & DARRACH, P.A.							Street Address (P.O. Box Number is Not Acceptable)				
		LVD., STE 360									
HOLLYW0	OD FL 330	21		City	FL Zip Code						
the above the obligat	ions of regist	cubmits this datement for ered agent.	<u></u>	LEONA	RD	ed office or	Rot	JH,	stating)  Ont, or both, in the State of Florida. I am familiar with, and accept   U-28-03  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 \$5.00 May Be Trust Fund Contribution.		
0.		OFFICERS AND	DIRECTO	RS	11.		. – –	ADDI	OITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		; Orges t Lywood blvd., ste : Od fl 33021	360	☐ Delete					☐ Change ☐ Addition		
IȚLE AME TREET ADDRESS ITY-ST-ZIP		rnan Lywood Blyd., Ste : Od Fl 33021	360	☐ Delete					. Change Addition		
ITLE AME TREET ADDRESS ITY-ST-ZIP	3440 HOLI	DOQUI, MARIA LUCIAN LYWOOD BLVD., STE : OD FL 33021		. Delete .					☐ Change ☐ Addition		
ITLE Ame Treet address ITY-ST-ZIP				☐ Delete					☐ Change ☐ Addition		
ITLE AME Treet address ITY-ST-ZIP				☐ Delete		· · · · · · · · · · · · · · · · · · ·			☐ Change ☐ Addition		
ITLE AME TREET ADDRESS ITY-ST-ZIP				□ Delete					☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filling 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.