

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90064 003 \*\*\*158.75

**DOCUMENT # P02000108841**

**1. Entity Name**  
**MALETA CONSTRUCTION CO., INC.**



**Principal Place of Business**  
**2800 N.E. 59TH STREET**  
**FT. LAUDERDALE FL 33308**

**Mailing Address**  
**2800 N.E. 59TH STREET**  
**FT. LAUDERDALE FL 33308**

**11007248**



**2. Principal Place of Business**

**6451 N. FEDERAL HWY**

**3. Mailing Address**

**6451 N. FEDERAL HWY**

Suite, Apt. #, etc.

**SUITE 121**

Suite, Apt. #, etc.

**SUITE 121**

City & State

**FORT LAUDERDALE, FL**

City & State

**FORT LAUDERDALE, FL**

Zip

**33308**

Country

**USA**

Zip

**33308**

Country

**USA**

**4. FEI Number**

**74-3063692**

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**

**BEILLY, BRADFORD J**  
**400 S.E. 18TH STREET**  
**FORT LAUDERDALE FL 33316**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete
NAME	MALETA, LARRY	
STREET ADDRESS	2800 N.E. 59TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	MALETA, TOM	
STREET ADDRESS	2800 N.E. 59TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maleta, Tom	
STREET ADDRESS	4430 NE 13 Terrace	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

*Lawrence P. Maleta* 4/21/03 (954) 938-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)