

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90302 029 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000042461			
1. Entity Name MALAXA CORP.			
Principal Place of Business 1505 S. FEDERAL HWY DANIA FL 33004 US		Mailing Address 1505 S. FEDERAL HWY DANIA FL 33004 US	
2. Principal Place of Business		3. Mailing Address 4151 SW 131ST AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAVIE, FL	
Zip	Country	Zip	Country
		33330	USA
4. FEI Number 65-0422408		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHNEIDER, REUBEN M 2021 TYLER ST HOLLYWOOD FL 33020		Name MONILOUDIS PERRY Street Address (P.O. Box Number is Not Acceptable) 315 S.E. 7TH ST SECOND FLOOR City FT. LAUDERDALE FL Zip Code 33301	
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.			
SIGNATURE <i>[Signature]</i> PERRY D. MONILOUDIS 4/24/02 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KARACHALIAS, THEODORE 4151 SW 131ST AVENUE DAVIE FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARACHALIAS, THEODORE JR 4151 SW 131ST AVENUE DAVIE FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE: *[Signature]* **THEODORE KARACHALIAS JR** **4/24/02** **(954) 370-1091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)