

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90459 050 ***150.00

DOCUMENT

1. Entity Name P94000061862

Malroth, Incorporated

Principal Place of Business

2665 S. Bayshore Drive
 Miami, FL 33133

Mailing Address

2665 S. Bayshore Dr.
 Miami, FL 33133

2. Principal Place of Business

1201 S. Ocean Drive

3. Mailing Address

1201 S. Ocean Drive

Suite, Apt. #, etc.

2006N

Suite, Apt. #, etc.

2006 N

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

U.S.A.

Zip

33019

Country

U.S.A.

4. FEI Number

65-0607750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Madorsky, Marsha G. Esquire
 2665 S. Bayshore Drive, Suite 603
 Miami, FL 33133

7. Name and Address of New Registered Agent

Name Rothstein, Malcia

Street Address (P.O. Box Number is Not Acceptable)

1201 S. Ocean Drive, Suite 2006N

City

Hollywood 33019

FL

Zip Code

33019

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

Malcia Rothstein

1-26-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director ☐ Delete
 NAME Rothstein, Malcia
 STREET ADDRESS 1201 S. Ocean Drive, Suite 2006N
 CITY-ST-ZIP Hollywood, FL 33019

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Malcia Rothstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2001 305-935-0042

Date

Daytime Phone #

CR2E034 (11/00)