

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034913

1. Entity Name

MALA INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90109 029 ***150.00

Principal Place of Business

8230 S.W. 150 DRIVE
MIAMI FL 33158
US

Mailing Address

8230 S.W. 150 DRIVE
MIAMI FL 33158-1952
US

2. Principal Place of Business

MIAMI 8230 SW 150 Dr.
Suite, Apt. #, etc.

3. Mailing Address

8230 SW 150 Drive
Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0602735

Applied For

Not Applicable

Zip

33158

Country

USA

Zip

33158

Country

USA

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

NASIR M. ALAM
8230 S.W. 150 DRIVE
MIAMI FL 33158

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **ALAM, NASIR M**
STREET ADDRESS **8230 S.W. 150 DRIVE**
CITY-ST-ZIP **MIAMI FL 33158**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2000

Date

(305)-279-7939

Daytime Phone #

CR2E034 (9/99)