

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90506 030 \*\*\*158.75

**DOCUMENT # P95000034913**

1. Entity Name  
**MALA INC.**



Principal Place of Business  
**8230 S.W. 150 DRIVE**  
**MIAMI FL 33158**  
**US**

Mailing Address  
**8230 S.W. 150 DRIVE**  
**MIAMI FL 33158**  
**US**

2. Principal Place of Business

**15020 SW 74th Avenue**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

Country

**33158-2123**

**USA**

3. Mailing Address

**15020 SW 74th Avenue**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

Country

**33158-2123**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0602735**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NASIR M. ALAM**

**8230 S.W. 150 DRIVE**

**MIAMI FL 33158**

7. Name and Address of New Registered Agent

Name

**NASIR M. ALAM**

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

**15020 SW 74TH AVENUE**

City

**MIAMI**

**FL**

Zip Code

**33158-2123**

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

*Nasir M. Alam*

**NASIR M. ALAM**

**1/14/2003**

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	ALAM, NASIR M	
STREET ADDRESS	8230 S.W. 150 DRIVE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALAM, SHELLA M	
STREET ADDRESS	8230 SW 150 DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	V	<input type="checkbox"/> Delete
NAME	KHURSHEED, ALAM	
STREET ADDRESS	8230 SW 150 DRIVE	
CITY-ST-ZIP	MIAMI FL 33158	
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	<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	
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:

*Nasir M. Alam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NASIR M. ALAM**

Date

Daytime Phone #

**1/14/03**

**(305) 669-2700**

CR2E034 (10/02)