

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000081

1. Entity Name

MYLES H. MALMAN, P.A.

Principal Place of Business

12955 BISCAYNE BLVD. STE 202
NO. MIAMI FL 33181

Mailing Address

12955 BISCAYNE BLVD. STE 202
NO. MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0629200

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY R
297 SUNNY ISLES BLVD.
NO. MIAMI BEACH FL 33160

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.

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, 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 **D** ☐ Delete
NAME **MALMAN, MYLES H**
STREET ADDRESS **12955 BISCAYNE BLVD., STE #202**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE **STD** ☐ Delete
NAME **MALMAN, JILL A**
STREET ADDRESS **12955 BISCAYNE BLVD., STE. 202**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

myles h malman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date

305-891-0068

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90133 049 ***150.00



DO NOT WRITE IN THIS SPACE

0231085

CR2E034 (10/00)