

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90059 036 ***150.00

0290315 AV

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
3230 Stirling Rd

3. Mailing Address
3230 Stirling Rd.

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.
#1

City & State
Hollywood FL

City & State
Hollywood, FL

4. FEI Number **65-0629200**

Applied For
 Not Applicable

Zip **33021** **Country** **USA**

Zip **33021** **Country** **USA**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

3/21/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

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 **President/Director** ☒ Change ☒ Addition
NAME **myles H. malman**
STREET ADDRESS **3230 Stirling Rd. Ste #1**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **STD** ☒ Change ☐ Addition
NAME **Jill A. malman**
STREET ADDRESS **3230 Stirling Rd. Ste #1**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Jonathan H. Rosenthal**
STREET ADDRESS **3230 Stirling Rd. Ste #1**
CITY-ST-ZIP **Hollywood, FL 33021**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 954-322-0065
 Date Daytime Phone #

CR2E034 (9/01)