

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P96000092771**

1. Entity Name

M.A.L.F., INC.

FILED

01 OCT -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1870 E 3 AVE.
HIALEAH, FL. 33010

Mailing Address
1870 E 3 AVE.
HIALEAH, FL. 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0709815

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROLANDO FRAGA
1870 E 3RD. AVE.
HIALEAH, FL. 33010

Name

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

400004625354-4

-10/05/01-01073-001

City

****150.00 ****150.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROLANDO FRAGA
1870 E 3RD. AVENUE
HIALEAH, FL. 33010 ☐ Delete

TITLE
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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:

Rolando Fraga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLANDO FRAGA - PRESIDENT

(305)883-1116

Date

Daytime Phone

CR2E034 (11/00)

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September 6th, 2001

FL. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Sirs,


This is to advise that I have been waiting for the form that you send annually for the renewal of my Corporations, which up to this time seems as not received. I am very concerned with this, because I know that if the renewal is not paid, my Corporation could be dissolved. That is why I always have paid it in the first months each year.

Unfortunately this year, due to health problems I have been absent from my business some time and therefore I have been obliged to let my business' matters in the hands of somebody who said me that nothing was received from you, but I don't know with certitude whether it was received in any moment or not.

As I know that a fee of \$150.00 is annually due to you, please find attached my Corporation check covering said amount to let you to proceed with renewal of my Corporation as required.

I apologize for inconvenience caused.

Sincerely,


M.A.L.F. INC.
1870 EAST 3RD AVENUE
HIALEAH, FL. 33010