

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000035128**

1. Entity Name

MALCOM INVESTMENTS CORP.

Principal Place of Business

**701 BRICKELL AVE., STE. 850
MIAMI FL 33131-2851**

Mailing Address

**701 BRICKELL AVE., STE. 850
MIAMI FL 33131-2851**

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

65-0750062

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN S
701 BRICKELL AVE., STE. 850
MIAMI FL 33131-2851**

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEMS

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

1200 South Pine Island Road

City

Plantation**FL**

Zip Code

33324

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.

**VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/019. 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	D	<input type="checkbox"/> Delete
NAME	OTADUY, JAVIER D	<input checked="" type="checkbox"/>
STREET ADDRESS	LE CASA BIANCA, BLA 3ET#3, 17 BLVD DU LARVOT	
CITY-ST-ZIP	MONTECARLO 98000, MONACO	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVIER DE OTADUY	
STREET ADDRESS	RESIDENCE PARK SAINT ROMAN APT 802	
CITY-ST-ZIP	AVENIDA SANT ROMA 98000 MONTECARLO MONACO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JAVIER DE OTADUY

Date

4/20/01

Daytime Phone #

305-381-8340**C0057962**

DO NOT WRITE IN THIS SPACE

0154809

CR2E034 (10/00)