chris khazal

FILED
Jun 14, 2001 8:00 am
Secretary of State
05-11-2001 90111 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045557 (LA)

1. Entity Name
MALIBU VILLAGE, INC.

761633

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2558 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118	~~PO BOX ...~~ ~~JACKSONVILLE FL 322..~~

2. Principal Place of Business	3. Mailing Address
	P.O BOX 231285
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LAS VEGAS NV
Zip / Country	Zip: 89123 / Country

4. FEI Number 59-3453373 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KHAZAAL, CHRIS
~~2157 S. UNIVERSITY BLVD~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent
Name: Bill Dowell
Street Address (P.O. Box Numbers Is Not Acceptable): 815 Virginia Dr
City: Orlando FL Zip Code 32803

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: Bill Dowell
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	P KHAZAAL, CHRIS 1257 S. UNIVERSITY BLVD JACKSONVILLE FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 9-16-01 702 286 4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (10/00)