

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058488

1. Entity Name

MALIBU ENTERPRISES, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 023 ***150.00

Principal Place of Business

Mailing Address

P O BOX 22272
TAMPA FL 33622
US

P O BOX 22272
TAMPA FL 33567-4752
US

948199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3465252

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUITIERREZ, SAN J
1154 NAVAJO AVE
LEHIGH FL 33936

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, 2000 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
NAME GUITIERREZ, SAN JUAN
STREET ADDRESS 1901 PALM DRIVE
CITY-ST-ZIP CLEARWATER FL 34623

TITLE VP
NAME San Juan Gutierrez
STREET ADDRESS 104 magnolia st
CITY-ST-ZIP Plant City Fla 33567

TITLE D
NAME SHAVER, LINDA J
STREET ADDRESS 1901 PALM DRIVE
CITY-ST-ZIP CLEARWATER FL 34623

TITLE
NAME Linda J. Shaver
STREET ADDRESS 104 magnolia st
CITY-ST-ZIP Plant City Fla 33567

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)