

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045135

1. Entity Name

MALIBU HOLDINGS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90154 047 ***150.00

Principal Place of Business

Mailing Address

2901 NORMANSTONE NW
WASHINGTON DC 20008

2901 NORMANSTONE NW
WASHINGTON DC 20008-2725

2. Principal Place of Business

3. Mailing Address

550 S. OCEAN BL. #103 E
Suite, Apt. #, etc.
#103 E

Suite, Apt. #, etc.

City & State

MANALAPAN, FL

City & State

4. FEI Number

58-2427445

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

Country

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

WHITMIRE, DRENNEN L JR
500 S AUSTRALIAN AVE, SUITE 800
WEST PALM BEACH FL 33401

Name DRENNEL L. WHITMIRE, JR
Street Address (P.O. Box Number is Not Acceptable)
FLEMING HAILE & SHAW P.A.
450 ROYAL PALM WAY
City PALM BEACH FL Zip Code 33480

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 *Drennel L. Whitmire, Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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 TRUTANIC, RICHARD S
STREET ADDRESS 2901 NORMANSTONE NW
CITY-ST-ZIP WASHINGTON DC 20008 ☐ Delete

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

TITLE D
NAME TRUTANIC, CYNTHIA H
STREET ADDRESS 2901 NORMANSTONE NW
CITY-ST-ZIP WASHINGTON DC 20008 ☐ Delete

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

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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 life empowered.

SIGNATURE: *Nicholas J. ...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

310-557-2540

Daytime Phone #

CR2E034 (9/99)