FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90030 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068410

1. Entity Name

MLAR, Inc.

DO NOT WRITE IN THIS SPACE

94031578

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 3250 NW 36th St	Suite, Apt. #, etc. 1662 NE 196th St
City & State Miami, FL	City & State NMBch, FL
Zip 33142 Country USA	Zip 33179 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871052 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Trojecki, Szymon

Street Address (P.O. Box Number is Not Acceptable) 1662 NE 196th St

City NMBch, FL FL Zip Code 33179

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Unlimited Officer is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trojecki Szymon 1662 NE 196th St North Miami Bch, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Trojecki Pres. 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #