

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005663

1. Entity Name

MALLORY DEVELOPMENT, INC.

FILED

Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90080 042 \*\*\*150.00

Principal Place of Business

6111 BROKEN SOUND PARKWAY N.W.  
BOCA RATON FL 33487

Mailing Address

6111 BROKEN SOUND PARKWAY N.W.  
BOCA RATON FL 33487-2745

2. Principal Place of Business

1801 S. Federal Highway

Suite, Apt. #, etc.

Suite 202

3. Mailing Address

1801 S. Federal Highway

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0889251

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II  
C/O MULLER & LIPSON, P.A.  
9350 SOUTH DIXIE HIGHWAY #1550  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Richard Werber

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

6111 Broken Sound Parkway, NW

City

Boca Raton

FL

Zip Code

33487

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]*

Richard Werber

1/24/00

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	
STREET ADDRESS	CARL DESANTIS	
CITY-ST-ZIP	1801 S Federal Highway Delray Beach, FL 33463	
TITLE	VP S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Werber	
STREET ADDRESS	1801 S Federal Highway	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]* Richard Werber, VP

1/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)