

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005663

1. Entity Name

MALLORY DEVELOPMENT, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90069 005 ***150.00

Principal Place of Business

Mailing Address

1801 S FEDERAL HIGHWAY
STE-202
DELRAY BEACH FL 33483

1801 S FEDERAL HIGHWAY
STE-202
DELRAY BEACH FL 33483

2. Principal Place of Business

400 E. Linton Blvd

3. Mailing Address

400 E. Linton Blvd

Suite, Apt. #, etc.

Suite G-3

Suite, Apt. #, etc.

Suite G-3

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33483 USA

Zip

Country

33483 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0889251

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

WERBER, RICHARD

6111 BROKEN SOUND PARKWAY NW
BOCA RATON FL 33487

Name

CHARLES POSTERNACK

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

400 E. LINTON BLVD

Suite G-3

City

Delray Beach

FL

Zip Code

33483

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

Charles Posternack

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DESANTIS, CARL	
STREET ADDRESS	1801 S FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WERBER, RICHARD	
STREET ADDRESS	1801 S FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTERNACK, CHARLES	
STREET ADDRESS	400 E. LINTON BLVD - G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILMOE, WILLIAM	
STREET ADDRESS	400 E. LINTON BLVD - G-3	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

278-1169

Daytime Phone #

CR2E034 (10/00)