

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90013 048 ***150.00

DOCUMENT # P99000013462

1. Entity Name

MALAGA CORPORATION

Principal Place of Business

**3440 HOLLYWOOD BLVD.
 SUITE 300
 HOLLYWOOD FL 33021**

Mailing Address

**3440 HOLLYWOOD BLVD.
 SUITE 300
 HOLLYWOOD FL 33021**

2. Principal Place of Business

2875 NE 191st St

Suite, Apt. #, etc.

Suite 801

City & State

Aventura, FL

Zip

33180

Country

U.S.

3. Mailing Address

2875 NE 191st Street

Suite, Apt. #, etc.

Suite 801

City & State

Aventura, FL

Zip

33180

Country

U.S.

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO-A
 C/O ROTH, ROUSSO & BENJAMIN, P.A.
 3440 HOLLYWOOD BLVD., STE. 300
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Daniel J. Serber, Esq.**

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

2875 NE 191st St, #801

City

Aventura

FL

Zip Code

33180

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.

DANIEL J. SERBER, ESQ.

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST PRES, CARLOS A LIBERTAD 244 BUENOS AIRES, ARGENTINA 1640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES, CARLOS A LIBERTAD 244 BUENOS AIRES, ARGENTINA 1640	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 (305) 932-6062

CFR2E034 (9/01)