

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037169

1. Entity Name

MALVAR INTERNATIONAL, INC.

Principal Place of Business

7555 NW 63RD STREET
MIAMI FL 33166

Mailing Address

7555 NW 63RD STREET
MIAMI FL 33166

2. Principal Place of Business

14217 W 82 Av

3. Mailing Address

14217 W 82 Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33126

Country

U.S.A

Zip

33126

Country

U.S.A

4. FEI Number

65-0915917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

PEREZ BEHAR & ASSOCIATES, INC.
13935 NW 1ST AVE
MIAMI FL 33168

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MALVAR, SILVANA
8275 SW 152ND AVE #10
MIAMI FL 33193

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change

Addition

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Delete

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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 like empowered.

SIGNATURE: Silvana Malvar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02 3055933340

Daytime Phone #

CR2034 (9/01)

03/02/02



DO NOT WRITE IN THIS SPACE

65-0915917

Applied For

Not Applicable

\$8.75 Additional

Fee Required