

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000052588**

1. Entity Name

Yanni Malol Investments, Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1218 N. University Dr.

Suite, Apt. #, etc.

none

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Zip

33322

Country

USA

Country

4. FEI Number

65-0928822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Yair Malol**

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

1218 N. University Dr.

City **Plantation**

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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

Amended UBR 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

**PST.D
Malol, Yair
1218 N. University Dr.
Plantation, FL 33322**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**700005600537--7
-05/23/02--01071--005
****300.00 ****300.00**

TITLE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yair Malol

Date

4/12/02 954-916-0014

Daytime Phone #

FILED

02 MAY 13 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)