2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 671837** Jan 14, 2000 8:00 am Secretary of State 1. Entity Name MELLIN INDUSTRIES, INC. 01-14-2000 90007 022 ***150.00 Principal Place of Business Mailing Address 700 OLD DIXIE HWY 700 OLD DIXIE HWY SUITE 206 SUITE 206 LAKE PARK FL 33403 LAKE PARK FL 33401-2328 2. Principal Place of Business 3. Mailing Address 1555 Palm Beachlakes Blud 1555 falm Beach Lakes Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 810 810 Applied For City & State City & State 4. FEI Number 59-2047273 iest falm Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 33401 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCARGAR, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 806 WEST KALMIA DR LAKE PARK FL 33403 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete ☐ Addition TITI F TITLE MCCARGAR, RICHARD H. NAME NAME STREET ADDRESS 806 WEST KALMIA DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE PARK FL Addition ☐ Change ☐ Delete TITLE SIBRAVA, KENNETH NAME NAME 28226 GATES MILLS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEPPER PIKE OH ■ Addition ⁻⊡'Dĕlète ⁻ [ˈˈiːChange TITLE YOUNG, TRACEY NAME 100 OLD DIXIE HWY #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a

SIGNATURE: