

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001234

1. Entity Name
MELLON INVEST, LLC



Principal Place of Business
360 SOUTH SHORE DR
SARASOTA, FL 34234

Mailing Address
360 SOUTH SHORE DR
SARASOTA, FL 34234

2. Principal Place of Business

3. Mailing Address

12260 Willow Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. #2

City & State

City & State

Camden, DE

Zip

Country

Zip

Country

19934

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, W. RICK
360 SOUTH SHORE DR
SARASOTA, FL 34234

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when existing)

DATE

FILE NOW!! FEE IS \$60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

110018315173
7/03--01002--011 **300.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORLDWIDE MANAGEMENT CORPORATION	NAME	
STREET ADDRESS	P.O. BOX 346 COROZAL TOWN	STREET ADDRESS	
CITY-ST-ZIP	BELIZE CENTRAL AMERICA,	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTERNATIONAL UNITED HOLDING AG	NAME	
STREET ADDRESS	#2 COMMERCIAL CENTRE SQUARE	STREET ADDRESS	
CITY-ST-ZIP	ALOFI NIUE,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Jack Khourad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2ED83 (1/0/02)