

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 266167

1. Entity Name

MELODY VILLAS INC

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90008 029 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O BOHICA PROPERTIES  
3850 NW 2 AVE  
BOCA RATON FL 33431  
US

C/O BOHICA PROPERTIES  
3850 NW 2 AVE  
BOCA RATON FL 33431-5850  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1038880

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, MARCIA  
3850 NW 2 AVE  
STE 2  
BOCA RATON FL 33431

Name Eric Esteban

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

40 Pointe Mgmt Group  
75 N.E. 6th AVE #202

City Delray Beach

FL

Zip Code 33483

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	TROADEC, ALAIN	
STREET ADDRESS	4211 NE 22ND AVE 6	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAF, THOMAS	
STREET ADDRESS	4211 NE 22ND AVE 10	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILDRED, CASEY	
STREET ADDRESS	4211 NE 22ND AVE	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P. / D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)