

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90250 023 ***150.00

DOCUMENT # 339629

1. Entity Name
MELUBI INC

Principal Place of Business

584 N.W. 27TH ST.
 MIAMI FL 33127-4128

Mailing Address

584 N.W. 27TH ST.
 MIAMI FL 33127-4128

2. Principal Place of Business

3. Mailing Address

P.O. Box 403436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

59-1226043

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

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

MICHULAN, ALBERTO
600 W 51 STREET
MIAMI BCH FL 33127

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MECHULAN, ALBERTO		
	600 W. 51ST STREET		
	MIAMI BEACH FL		
D	MECHULAN, REGINA		
	600 W. 51ST STREET		
	MIAMI BEACH FL		
TD	MECHULAN, HENRY		
	550 W 51ST ST.		
	MIAMI BCH. FL		

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: *Regina Mechulan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (305) 573-1693
 Date Daytime Phone #

CR2E034 (9/01)