

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90114 028 \*\*\*150.00

0044591 AV

**DOCUMENT # 463221**

1. Entity Name  
**MELANDRA, INC.**



Principal Place of Business <b>1238 SOUTH DIXIE HIGHWAY          CORAL GABLES FL 33146</b>	Mailing Address <b>1238 SOUTH DIXIE HIGHWAY          CORAL GABLES FL 33146</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-1563649</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>JACOBS, PAUL          9271 S.W. 85 STREET          MIAMI FL 33173</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JACOBS, PAUL 9271 S.W. 85 ST. MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST JACOBS, MYRA 9271 S.W. 85 ST. MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Paul Jacobs* **PAUL JACOBS** **7/3/01** **305-661-4920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

2699 s. bayshore drive  
miami, florida 33133

305 858 5600  
305 856 3284 fax

www.krco-cpa.com

*Attachments*

July 3, 2001

*# 463221  
772973*

Division of Corporations  
Annual Report  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: *Melandra, Inc. d/b/a Bagel  
Emporium.  
EIN: 59-1563649*

Dear Sir or Madam:

**KAUFMAN  
ROSSIN  
CO.** PROFESSIONAL  
ASSOCIATION  
CERTIFIED PUBLIC ACCOUNTANTS

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. The client did not receive the original 2001 Uniform Business Report for the fee of \$150.00 due before May 1, 2001 and just received a second notice regarding such report yesterday. Please be aware that prior to yesterday, the client was completely unaware that the filing was delinquent.

Enclosed is a completed 2001 Uniform Business Report along with a check in the amount of \$150.00. Kindly apply this fee and abate the late penalty. Also, please verify that the address on this report agrees with your records to assure that the client will receive this report in the future.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,

*Andrew Jacobs*

Andy Jacobs, CPA  
Kaufman, Rossin & Co.

*Enclosures*