

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 486936**

1. Entity Name

MELANJO INVESTMENTS, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90102 042 ***150.00

Principal Place of Business

15124 DENWOODS DR.
P.O. BOX 31203
ST. LOUIS MO 63131

Mailing Address

15124 DENWOODS DR.
P.O. BOX 31203
ST. LOUIS MO 63131-0203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1638501**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

HERMELEE, BRUCE G.
2699 S. BAYSHORE DR SUITE 900-E
MIAMI FL 33133

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOLASKY, ALLAN ☐ Delete
15124 DENWOODS DRIVE
BALLWIN MOTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROSE, MARTI ELLEN ☐ Delete
15124 DENWOODS DRIVE
BALLWIN MOTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HERMELEE, BRUCE G. ☐ Delete
2699 S BAYSHORE DR. #900E
MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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 #

1-17-2000 314-532-1055