

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90050 042 ***150.00

DOCUMENT # 580591

1. Entity Name

WOODROW "MAC" MELVIN, JR., P.A.

Principal Place of Business

**2701 S BAYSHORE DR
 STE 302
 MIAMI FL 33133
 US**

Mailing Address

**2701 S BAYSHORE DR
 STE 302
 MIAMI FL 33133
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1838046

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

**MELVIN, WOODROW M JR
 2701 S BAYSHORE DR
 THIRD FLOOR
 MIAMI FL 33133**

Name

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

**2701 South Bayshore DRIVE
 Suite 302**

City

MIAMI, FL

FL

Zip Code

33133-5359

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, if applicable.

Woodrow M. Melvin, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/02

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

TITLE **PD** ☐ Delete
 NAME **MELVIN, WOODROW M, JR**
 STREET ADDRESS **2701 S BAYSHORE DR STE 302**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE OF PRESIDENT OR AUTHORIZED OFFICER OR DIRECTOR

1/19/02 (305)854-6129

Date

Daytime Phone #

CR2E034 (9/01)