2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 602572** Feb 01, 2000 8:00 am Secretary of State 1. Entity Name MELVIN AND MELVIN, P.A. 02-01-2000 90030 006 ***150.00 Mailing Address Principal Place of Business 3101 N. FEDERAL HIGHWAY 3101 N. FEDERAL HIGHWAY STE 602 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FLA 33306-1018 US บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1308933 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name بهجاب إراعيجارات MICHAEL W MELVIN Street Address (P.O. Box Number is Not Acceptable) 3101 N. FEDERAL HIGHWAY STE 602 FT LAUDERDALE FL 33306 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MELVIN, MICHAEL W NAME 3101 N. FEDERAL HIGHWAY, STE 602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 [] Change ☐ Addition ☐ Delete TITLE TITLE MELVIN, MICHAEL W NAME NAME 3101 N. DEDERAL HIGHWAY, STE 602 STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP FT LAUDERDALE, FL 00000 Delete Change Addition TITLE TITLE MELVIN, MICHAEL W NAME NAME STREET ADDRESS 3101 N. FEDERAL HIGHWAY, STE 602 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 justee empowered to execute the 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 vilty an address, with all of the provinced.
MELVIN AND MELVIN

SIGNATURE:

DATUM AND TYPED OR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

1/26/2000

1-954-565-9513

Daytime Phone #