

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684698

1. Entity Name

MELCAR CORPORATION

Principal Place of Business

Mailing Address

6065 NW 167TH STREET STE B-7

6065 NW 167TH STREET STE B-7

MIAMI FL 33015

MIAMI FL 33015-4315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2113205

Applied For

Not Applicable

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

HUPPERT, JOSEPH H.  
11440 N. KENDALL DR.  
SUITE 201  
S. MIAMI FL 33176

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 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 VP ☐ Delete  
NAME COHEN, DAVID  
STREET ADDRESS 9325 ABBOTT AVE  
CITY-ST-ZIP SURFSIDE FL

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

TITLE PD ☐ Delete  
NAME COHEN, ISAAC  
STREET ADDRESS 20009 NE 6TH CT CIR  
CITY-ST-ZIP N MIAMI BCH FL

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

TITLE VS ☐ Delete  
NAME COHEN, DANIEL  
STREET ADDRESS 17021 N BAY RD APT 1021  
CITY-ST-ZIP N MIAMI BCH FL

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

TITLE T ☐ Delete  
NAME COHEN, SILVIA  
STREET ADDRESS 9325 ABBOTT AVE  
CITY-ST-ZIP SURFSIDE FL

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

TITLE M ☐ Delete  
NAME COHEN, CYNTHIA  
STREET ADDRESS 9325 ABBOTT AVE  
CITY-ST-ZIP SURFSIDE FL 33154

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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

05/01/2000 305-825-9556

Date

Daytime Phone #

CR2E034 (9/99)