

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90104 038 ***150.00

DOCUMENT # 684698

1. Entity Name
MELCAR CORPORATION

Principal Place of Business

6065 NW 167TH STREET STE B-7

MIAMI FL 33015

Mailing Address

6065 NW 167TH STREET STE B-7

MIAMI FL 33015

2. Principal Place of Business

6073 N.W. 167th St.

Suite, Apt. #, etc.

Suite C-15

City & State

Miami, FL

Zip

33015

Country

USA

3. Mailing Address

6073 N.W. 167th St.

Suite, Apt. #, etc.

Suite C-15

City & State

Miami, FL

Zip

33015

Country

USA



DO NOT WRITE IN THIS SPACE

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

HUPPERT, JOSEPH H.

11440 N. KENDALL DR.

SUITE 201

S. MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Huppert, Joseph H.

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

17611 S.W. 48 Street

Southwest Ranches

City

FL

Zip Code

33331

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

Amelia Cohen
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.21.02

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

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

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

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

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

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

TITLE President ☐ Delete
 NAME David Zrihen
 STREET ADDRESS 19535 N.E. 17th Avenue
 CITY-ST-ZIP Presidential Way NHB, FL 33179

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☐ Change ☐ Addition
 NAME Miguel Winkler
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 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:

Amelia Cohen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.02

Date

305-825-9556

Daytime Phone #

CR2E034 (9/01)