## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 696246** May 01, 2000 8:00 am Secretary of State 1. Entity Name MELDISCO K-M 2999 SW 32ND AVE., FL., INC. 438 05-01-2000 90307 030 \*\*\*150.00 Principal Place of Business Mailing Address 933 MACARTHUR BLVD 14539 MILITARY TRAIL DELRAY BEACH FL 33445 MAHWAH NJ 07430-2045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEL Number 22-2364360 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301 City 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) 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. Addition ☐ Defete TITLE Change TITLE NAME SHEPARD, JEFFREY NAME KATHLEEN GUINNESSEY STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. 933 MacARTHUR BLVD., MAHWAR, AU 07430 CITY-ST-ZIF CITY-ST-ZIP MAHWAH NJ ☐ Change ☐ Addition ☐ Delete TITLE PROFFITT, RANDALL S NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-7IP CITY-ST-ZIP MAHWAH NJ Change ☐ Addition Delete TITLE WOJNO, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ Change ■ Addition TITLE TITLE NAME PALIZZI, ANTHONY NAME STREET ADDRESS STREET ADDRESS 3100 W. BIG BEAVER CITY-ST-ZIP CITY-ST-ZIP TROY MI ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BAUMLIN, THOMAS** NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ 07430 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RICHARDS, MAUREEN NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

MAHWAH NJ

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

LS. PROFFITT

Daytime Phone #

(201) 934-2000