

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80610

1. Entity Name

MESA ELEVATOR SYSTEMS & ACCESSORIES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90495 030 ***150.00

Principal Place of Business

3190 S. STATE ROAD 7
#23-24
MIRAMAR FL 33023

Mailing Address

3190 S. STATE ROAD 7
#23-24
MIRAMAR FL 33023

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 59-2421555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESA, ANDRES
3568 LINCOLN WAY
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

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, 2001 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 SD ☐ Delete
NAME MESA, DENISE
STREET ADDRESS 3568 LINCOLN WAY
CITY-ST-ZIP COOPER CITY FL 33026

TITLE VD ☐ Delete
NAME MESA, JAMES A
STREET ADDRESS 426 N.W. 44TH TERRACE, APT. 203
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☐ Delete
NAME MESA, ANDRES
STREET ADDRESS 3568 LINCOLN WAY
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

Daytime Phone #

0108250

CR2E034 (10/00)