

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90166 015 ***550.00

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DOCUMENT # G87623

1. Entity Name
MESCO SYSTEMS CORPORATION OF FLORIDA



Principal Place of Business
8360 OAKLAND PK BLVD 312
SUNRISE FL 33351
US

Mailing Address
8360 OAKLAND PK. BLVD 312
SUNRISE FL. 33351
US



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 **59-2358774**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FADGEN, JERRY CPA
21 EAST ACRE DRIVE
PLANTATION FL 33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **SHIMON COHEN**
STREET ADDRESS **8360 OAKLAND PK., # 312**
CITY-ST-ZIP **SUNRISE FL**

☐ Delete

TITLE
NAME **SHIMON COHEN**
STREET ADDRESS **#312**
CITY-ST-ZIP **LAST NAME**

☒ Change ☐ Addition

TITLE **S**
NAME **COHEN, NELLY**
STREET ADDRESS **8360 OAKLAND PK., #312**
CITY-ST-ZIP **SUNRISE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS **#312**
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **V**
NAME **DORI COHEN**
STREET ADDRESS **8360 W. Oakland Pk Blvd #312**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **V**
NAME **AVI COHEN**
STREET ADDRESS **8360 W. Oakland Pk Blvd #312**
CITY-ST-ZIP **Sunrise, FL 33351**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

Nelly Cohen **5-19-03**
954-741-0711

CR2E034 (10/02)