

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90235 035 \*\*\*158.75

DOCUMENT # **H64513**



1. Entity Name  
**MELANIES ENTERPRISES, INC.**

Principal Place of Business  
**9950 N.W. 27TH AVENUE  
MIAMI FL 33147**

Mailing Address  
**9950 N.W. 27TH AVENUE  
MIAMI FL 33147**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 133038**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**HALEAH, FLORIDA**

4. FEI Number **59-2565987**

Applied For  
Not Applicable

Zip

Country

Zip  
**33013**

Country

**MIAMI-DADE**

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

**ARIAS, ABEL  
9950 N.W. 27TH AVENUE  
MIAMI FL 33147**

Name

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

**P.O. Box 133038**

City **HALEAH**

FL

Zip Code  
**33013**

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  Delete  
NAME **DP**  
STREET ADDRESS **ARIAS, ABEL**  
CITY-ST-ZIP **9950 N.W. 27TH AVENUE  
MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **P.O. Box 133038**  
CITY-ST-ZIP **HALEAH, FL. 33013**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2/11/03**  
Date

Daytime Phone #

CR2F034 (10/02)