

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90147 017 ***150.00

DOCUMENT # J00829

1. Entity Name
MEVCO, INC.

Principal Place of Business
**4907A N UNIVERSITY DR
 LAUDERHILL FL 33351**

Mailing Address
**4907A N UNIVERSITY DR
 LAUDERHILL FL 33351**

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 **59-2648044**

Applied For

Not Applicable

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

CIACIULLI, VITO
4907A NORTH UNIVERSITY DR.
LAUDERHILL FL 33351

Name **Sybil Ciaciulli**

Street Address (P.O.-Box Number is Not Acceptable)
484 Driftwood Court

City **MARCO ISLAND**

FL

Zip Code **34145**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MD**
 NAME **CIACIULLI, VITO S**
 STREET ADDRESS **4907A N UNIVERSITY DR**
 CITY-ST-ZIP **LAUDERHILL FL**

☐ Delete

TITLE **PD**
 NAME **CIACIULLI, SYBIL**
 STREET ADDRESS **484 DRIFTWOOD COURT**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 904 748 6411

Date

Daytime Phone #