2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # J06811** MELDISCO K-M N. MIAMI BEACH, FL., INC. (3427)1. Entity Name -26-2001 90132 029 ***150.00 Principal Place of Business Mailing Address 900 N. MIAMI BCH. BLVD. 933 MACARTHUR BLVD N. MIAMI BCH, FL 33162 MAHWAH NJ 07430 808144 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-2698405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 110 N MAGNOLIA ST TALLAHASSEE FL 32301 City Zio 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Addition SHEPARD, JEFFREY NAME NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP MAHWAH NJ CITY - ST - 7IP TITLE ☐ Delete TITLE Change Addition PROFFITT, RANDALL S NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAHWAH NJ CITY - ST - ZIP TITLE ☐ Dalete TITLE Change Addition **GUINNESSEY, KATHLEEN** NAME NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE Delete TITLE Addition **BAUMLIN, THOMAS** NAME NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RICHARDS, MAUREEN NAME NAME 933 MACARTHUR BLVD STREET ADDRESS STREET ADDRESS CITY- ST- ZIP MAHWAH NJ CifY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 11 or Block 12, for the property of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 11 or Block 12, for the property of the receiver of the rec changed, or on an attachment with an address with all other like empowered

(201) 934-2000

Daytime Phone ≠

APR 1 6 2001

THOMAS WOJNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR