


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J88237 1. Entity Name MEL ALPERT PRODUCTS, INC.	
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Principal Place of Business
3209 N.W. 89TH AVENUE
CORAL SPRINGS, FL 33065

Mailing Address
3209 N.W. 89TH AVENUE
CORAL SPRINGS, FL 33065



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2837234	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALPERT, MEL
3209 N.W. 89TH AVENUE
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALPERT, MEL 3209 N.W. 89TH AVENUE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALPERT, MEL 3209 N.W. 89TH AVENUE CORAL SPRINGS, FL
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03/11/04-80056-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date

954-755-5093

Daytime Phone #