

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08435

1. Entity Name

MELENDI, GIBBONS & GARCIA, P.A.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90159 036 ***150.00

Principal Place of Business

Mailing Address

% JOSEPH E. MELENDI

408 E. MADISON ST. 300 N. FRANKLIN ST.
TAMPA FL 33602

% JOSEPH E. MELENDI

408 E. MADISON ST. 300 N. FRANKLIN ST.
TAMPA FL 33602-5124

2. Principal Place of Business

300 N. FRANKLIN ST

3. Mailing Address

300 N. FRANKLIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number 59-2815928

Applied For
Not Applicable

Zip
33602

Country
USA

Zip
33602

Country
USA

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

MELENDI, JOSEPH E.
408 E. MADISON ST.
TAMPA FL 33602

Name

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

300 N. FRANKLIN ST

City

TAMPA

FL

Zip Code

33602

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DPT ☐ Delete
NAME MELENDI, JOSEPH E.
STREET ADDRESS 408 E. MADISON ST.
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 N. FRANKLIN ST
CITY-ST-ZIP TAMPA, FL 33602

TITLE S ☐ Delete
NAME MELENDI, JOSEPH E
STREET ADDRESS 408 E. MADISON ST.
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 N. FRANKLIN ST
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/99)