2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91002 018 ***150.00

DOCUMENT # K20847

1. Entity Name
MEVER CORPORATION

Principal Place of Business	Mailing Address
16451 S.W. 197TH AVE. MIAMI FL 33187 US	~~16451 SW 197TH AVE~~ ~~MIAMI FL 33187~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		1200 BRICKEL AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1440	
City & State		City & State CORAL GABLES, Fl.	
Zip	Country	Zip 33131	Country USA

4. FEI Number 65-0194994 ☐ 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
~~LABORI, GELASIO~~ ~~16451 SW 197TH AVE~~ ~~MIAMI FL 33187~~	Name MANUEL RAMIREZ Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKEL AVE. #1440 City MIAMI FL Zip Code 33131

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LABORI, GELASIO 16451 S.W. 197TH AVENUE MIAMI FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 (10/00)