

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K24296**

1. Entity Name

MELSTINE CORPORATION

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90024 020 ***150.00

Principal Place of Business

3550 BISCAYNE BLVD
STE 601
MIA FL 33137
US

Mailing Address

3550 BISCAYNE BLVD
STE 601
MIA FL 33137
US

2. Principal Place of Business

8051 NW 36TH ST

3. Mailing Address

8051 NW 36TH ST

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

600

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

59-2192188

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

PRICE, IRA B
9100 S. DADELAND BLVD.
PENTHOUSE 1, SUITE 1701
MIAMI FL 33156

Name

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

City

FL

Zip 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 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 **PSDT** ☐ Delete
NAME **LAW, IAN**
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 601**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **PSDT** ☒ Change ☐ Addition
NAME **IAN**
STREET ADDRESS **8051 NW 36TH ST #600**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

Jan Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/2001 305-468-1560

Date

Daytime Phone #

CR2E034 (10/00)