

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90187 023 \*\*\*\*50.00

0054835

**DOCUMENT # L97000000448**

1. Entity Name

**MELI MEDICAL PRODUCTS, LLC**



Principal Place of Business

13831 SW 59TH STREET  
SUITE 207  
MIAMI FL 33183

Mailing Address

13831 SW 59TH STREET  
SUITE 207  
MIAMI FL 33183

2. Principal Place of Business

238 N. Westmonte Dr

Suite, Apt. #, etc.

#285

3. Mailing Address

238 N. Westmonte Dr

Suite, Apt. #, etc.

285

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0788387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEDER, NATHAN I  
13831 SW 59TH STREET  
SUITE 207  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **Richard G. Barber C.P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**238 N. Westmonte Dr. #285**  
City **Altamonte Springs FL** Zip Code **32714**

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

*Richard A. Barber, C.P.A.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/10/2003*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **NETO, MANUEL S**  
STREET ADDRESS **13831 SW 59TH AVE., SUITE 207**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **MGRM** ☐ Delete  
NAME **SIMPLICIO, ELINEE Z**  
STREET ADDRESS **13831 SW 59TH AVENUE, SUITE 207**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/28/03*

*407-286-5802*

CR2E083 (10/02)