

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 19 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005135

1. Entity Name
THE MELO GROUP LLC.

Principal Place of Business

705 SE 2ND COURT
FT LAUDERDALE FL 33301

Mailing Address

705 SE 2ND COURT
FT LAUDERDALE FL 33301-3622

2. Principal Place of Business

3042 N. Federal Hwy
Suite, Apt. #, etc.
200

3. Mailing Address

3042 N. Federal Hwy
Suite, Apt. #, etc.
200

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale

4. FEI Number
65-0942057

Applied For
Not Applicable

Zip
33306

Country
USA.

Zip
33306

Country
USA.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: FRANKLIN M. PITO
Street Address (P.O. Box Number is Not Acceptable)
3042 N. Federal Hwy # 200
City: Fort Lauderdale, FL Zip Code: 33306

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

Franklin M. Pito, Manager

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR
NAME: PITO, FRANKLIN M
STREET ADDRESS: 705 SE 2ND COURT
CITY-ST-ZIP: FT LAUDERDALE FL 33301 ☒ Delete

TITLE: MGR
NAME: OHAYON, THIERRY
STREET ADDRESS: 705 SE 2ND COURT
CITY-ST-ZIP: FT LAUDERDALE FL 33301 ☒ Delete

TITLE:
NAME:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: PITO, FRANKLIN M
STREET ADDRESS: 3042 N. Federal Hwy, # 200
CITY-ST-ZIP: Fort Lauderdale, FL 33306 ☒ Change ☐ Addition

TITLE: MGR
NAME: OHAYON, Thierry
STREET ADDRESS: 3042 N. Federal Hwy, # 200
CITY-ST-ZIP: Fort Lauderdale, FL 33306 ☒ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-24-2000

Date

954-630-9746

Daytime Phone #