

2000 UNIFORM BUSINESS REPORT (UBR)

013787

DOCUMENT # M40998

Entity Name

MENHER CORP.

AMENDED

FILED

00 JUN 16 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

NW 87TH PLACE
FL 33018

P.O. BOX 4514
MIAMI LAKES FL 33014-0514
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2735955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

MENENDEZ, JUAN M.
15123 N.W. 87 PLACE
MIAMI FL 33018

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	☐ Delete
NAME	MENENDEZ, JUAN M.	
STREET ADDRESS	15123 NW 87 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☒ Delete
NAME	MENENDEZ, DENIS	
STREET ADDRESS	15123 NW 87 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ Delete
NAME	MENENDEZ, SANDY	
STREET ADDRESS	15123 N.W. 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	DTV	☐ Delete
NAME	MENENDEZ, PIEDAD	
STREET ADDRESS	15123 N.W. 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	VP	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 DIR

Date

Daytime Phone #

J. Menendez 6/13/00 (305) 826-8929

CR25034 (9/99)