

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90080 017 \*\*\*\*61.25

**DOCUMENT # N00000003370**

1. Entity Name

**MELECH HA'KABOD, INCORPORATED**

Principal Place of Business

6860 CAIRO RD.  
 COCOA FL 32927

Mailing Address

6860 CAIRO RD.  
 COCOA FL 32927

2. Principal Place of Business

3. Mailing Address

**3712 RINGGOLD ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#206**

City & State

City & State

**CHATTANOOGA, TN**

Zip

Country

Zip

Country

**37412**

**USA**

4. FEI Number

**59-3636620**

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

**TEEM, RIVA S**  
**1116 WOODSMERE PARKWAY**  
**ROCKLEDGE FL 32955**

Name

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

**1720 MURRELL RD**

**#111**

City

**ROCKLEDGE**

**FL**

Zip Code

**32955**

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

*Riva S. Teem*

**RIVA S. TEEM**

**MARCH 19, 2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVA S. TEEM</b> <b>1720 MURRELL RD, #111</b> <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL A. MATSON</b> <b>6860 CAIRO RD.</b> <b>COCOA, FL 32927</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELAINE R. MATSON</b> <b>6860 CAIRO RD.</b> <b>COCOA, FL 32927</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVA S. TEEM</b> <b>1720 MURRELL RD, #111</b> <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL A. MATSON</b> <b>6860 CAIRO RD.</b> <b>COCOA, FL 32927</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELAINE R. MATSON</b> <b>6860 CAIRO RD.</b> <b>COCOA, FL 32927</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*RIVA S. TEEM*  
**RIVA S. TEEM**

**3/19/01 (423) 580-9059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)