

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90159 029 \*\*\*\*61.25

**DOCUMENT # N00000004900**

1. Entity Name

**OLGA AND DAVID MELIN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**3551 NW 116TH STREET  
 MIAMI FL 33167**

**3551 NW 116TH STREET  
 MIAMI FL 33167**

00100001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1036928**

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

**BERK, ARTHUR J ESQ  
 848 BRICKELL AVENUE SUITE 200  
 MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MELIN, OLGA</b>	
STREET ADDRESS	<b>3551 NW 116TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MELIN, DAVID</b>	
STREET ADDRESS	<b>3551 NW 116TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MELIN, GINA</b>	
STREET ADDRESS	<b>3551 NW 116TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED**

9/12/02 305 897-2311

CR2E037 (4/02)