

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07014

1. Entity Name

MELROSE MERCHANT ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90152 004 ****70.00

Principal Place of Business

3259 NW 28 ST
MIAMI FL 33142

Mailing Address

3259 NW 28 ST
MIAMI FL 33142-6305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696022

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

BARRIOS, RAYMUNDO
3259 NW 28 ST
MIAMI FL 33142

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.

SIGNATURE

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	P	<input type="checkbox"/> Delete
NAME	BARRIOS, RAYMUNDO	
STREET ADDRESS	3259 NW 28TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANG, BERNARDINO	
STREET ADDRESS	2257 E 10TH AVENUE	
CITY-ST-ZIP	HALEAH FL 33013	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUIZ DEL VISO, ORLANDO	
STREET ADDRESS	3366 NW 32 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIESGO, ORLANDO SR	
STREET ADDRESS	3251 NW GWEN DR	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVILA, ELIO	
STREET ADDRESS	3251 N.W. 28 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABRERA, JOSE	
STREET ADDRESS	3054 NW 83 TERR	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4/25/2000 (200) 634-4222