

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

007197 AV

FILED

03 JUL 23 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006413

1. Entity Name

MESA ENTERPRISES, INC.



Principal Place of Business  
5087 COUNTRY BROOK DRIVE  
COOPER CITY FL 33330

Mailing Address  
5087 COUNTRY BROOK DRIVE  
COOPER CITY FL 33330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0982801

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESA, CARMEN J  
5087 COUNTRY BROOK DRIVE  
COOPER CITY FL 33330

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D MESA, CARMEN J  
STREET ADDRESS 5087 COUNTRY BROOK DRIVE  
CITY-ST-ZIP COOPER CITY FL 33330

TITLE NAME ☐ Change ☐ Addition  
800021789218  
07/25/03--01061--010 \*\*150.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 607, 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:

*Carmen J. Mesa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

954-680-2690

Date

Daytime Phone #

CR2E034 (4/03)

Mesa Enterprises, Inc.  
5087 Country Brook Drive  
Cooper City, FL 33330  
(954) 680-2690

July 7, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document #P00000006413 / Uniform Business Report

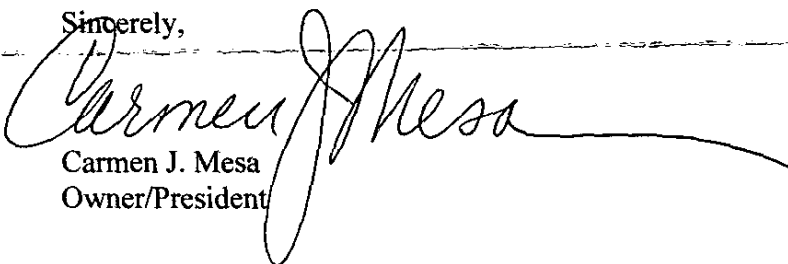
Dear Sir or Madam:

On Saturday, July 5, I received the Uniform Business Report in the mail. I am being charged a late fee for not filing by May 1. I have not received a prior form from your office for payment by May 1 of the \$150.00 fee. My business cannot afford to pay a \$400.00 late fee for not filing a form I never received.

Enclosed please find my check in the amount of \$150.00. I tried calling someone for help but just received a recording instructing that I send a letter and payment along with the form. I have done so here.

Please contact me at the above if there is any problem.

Sincerely,

  
Carmen J. Mesa  
Owner/President