

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007239

1. Entity Name

Melinda Distributors Enterprises, Inc.

Principal Place of Business

Mailing Address

13772 N.W. 19th Street
Pembroke Pines, Florida 33028

2. Principal Place of Business

Same as above.

3. Mailing Address

Same as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0981442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Abesada, Peter A ESQ
2903 Salzedo Street
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

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 retesting)

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, 2001: 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

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
Diaz, Juan Carlos
STREET ADDRESS 13772 N.W. 19th Street
CITY-ST-ZIP Pembroke Pines, FL 33134

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500004705215
CITY-ST-ZIP -12/05/01--01006--004
*****150.00 *****150.00

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

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

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

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

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

13. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/01

(305) 325-1142

Date

Daytime Phone #

R. VARNADOE NOV 20 2001

FILED

01 NOV -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

CR2E034 11/1/01



November 7, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 23202-1500

Re: Melinda Distributors Enterprises, Inc.
Document # P00000007239

To Whom It May Concern:

Please be advised that the corporation as referenced above has not received their 2001 UBR form as of yet. A UBR form was down loaded from my office and properly completed.

Since my client never received their UBR form, I am respectfully requesting that the late charges be waived. Please accept the enclosed UBR form for the year 2001 along with a check in the amount of \$150.00.

If you should have a question, please feel free to contact my office at (305) 825-4777 or (305) 829-1041. I hope to hear from you soon.

Thank you,


Raul Ricardo
Lic. # AC 0013416